STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160001

DARRYL KEITH HORSMAN
COYOTES CURLING CLUB
COYOTES CURLING CLUB
P O BOX 27961
SCOTTSDALE AZ 85255

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14073073         Renew? ______Yes_____No
Status:   Active           Status Date:     5/29/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DARRYL KEITH HORSMAN          ___________________
Location: COYOTES CURLING CLUB          ___________________
          2202 W MEDTRONIC WY #101      ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (602)300-4808       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160002

SARKAWT OSMAN SHWANI
LOS PORTALES RESTAURANT LLC
LOS PORTALES RESTAURANT
1941 N 104 AVE
AVONDALE AZ 85392

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
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Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070545         Renew? ______Yes_____No
Status:   Active           Status Date:     6/29/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SARKAWT OSMAN SHWANI          ___________________
Location: LOS PORTALES RESTAURANT       ___________________
          2814 N 35TH AVE               ___________________
          PHOENIX, AZ 85009             ___________________
Business Phone:     (602)442-5526       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160003

CHAD DOUGLAS WILFORD
PARTY GATORS INC
FAT TUESDAY
680 S MILL AVE #116
TEMPE AZ 85281

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

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-------------------------------------------------------------------------------
License#  06070146         Renew? ______Yes_____No
Status:   Active           Status Date:     2/1/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHAD DOUGLAS WILFORD          _________________
Location: FAT TUESDAY                   _________________
          680 S MILL AVE #116           _________________
          TEMPE, AZ 85281               _________________
Business Phone:     (480)967-3917       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160004

LARRY ALLEN WENDT
COWPUNCHERS SMOKEHOUSE & SALOON LLC
COWPUNCHERS SMOKEHOUSE AND BUFFALO CHIP SALOON
PO BOX 7638
CAVE CREEK AZ 85327

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

DO NOT DETACH

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-----------------------------------------------------------------------------
License#  06070277         Renew? ______Yes_____No
Status:   Active           Status Date:     2/6/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LARRY ALLEN WENDT             _________________
Location: COWPUNCHERS SMOKEHOUSE AND BUFFALO CHIP SALOON_________________
          6811 E CAVE CREEK RD          _________________
          CAVE CREEK, AZ 85331          _________________
Business Phone:     (602)488-9118       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160005

JEFFREY ROBERT MANGAN
PHOENIX COUNTRY CLUB
PHOENIX COUNTRY CLUB
2901 N 7TH ST
PHOENIX AZ 85014

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070221         Renew? ______Yes_____No
Status:   Active           Status Date:     6/27/1991
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFREY ROBERT MANGAN         ___________________
Location: PHOENIX COUNTRY CLUB          ___________________
          2901 N 7TH ST                 ___________________
          PHOENIX, AZ 85014             ___________________
Business Phone:     (602)263-5208       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160006

DAVID EDWARD DELOS
MARINO'S COCKTAIL LOUNGE INC
MARINO'S COCKTAILS
24410 N 58TH LN
GLENDALE AZ 85310

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070369         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID EDWARD DELOS            ___________________
Location: MARINO'S COCKTAILS            ___________________
          6666 W PEORIA AVE #104        ___________________
          GLENDALE, AZ 85302            ___________________
Business Phone:     (602)878-2722       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160007

MONICA RUTH SCHUSTER
APACHE LAKE MARINA & RESORT INC
LAKE APACHE MARINA & RESORT
PO BOX 15627
TORTILLA FLAT AZ 85290

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070555         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MONICA RUTH SCHUSTER          ___________________
Location: LAKE APACHE MARINA & RESORT   ___________________
          STATE RT 88 MILE MARKER 229.5   ___________________
          ROOSEVELT, AZ 85545           ___________________
Business Phone:     (928)467-2511       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160008

NICHOLAS CARL GUTTILLA
HOLLINGSWORTH FINANCIAL SERVICES OF MICHIGAN LLC
LET IT ROLL BOWL
3801 E INDIAN SCHOOL RD
PHOENIX AZ 85018

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070094         Renew? ______Yes_____No
Status:   Active           Status Date:     2/9/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        _________________
Location: LET IT ROLL BOWL              _________________
          8925 N 12TH ST                _________________
          PHOENIX, AZ 85020             _________________
Business Phone:     (602)944-4401       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160009

LES ALAN HESTAND
HESTAND ONE ENTERPRIZES INC
WESTSIDE LES
6703 W ASTER
PEORIA AZ 85381

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070550         Renew? ______Yes_____No
Status:   Active           Status Date:     2/5/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LES ALAN HESTAND              _________________
Location: WESTSIDE LES                  _________________
          5114 W CAMELBACK RD           _________________
          GLENDALE, AZ 85301            _________________
Business Phone:     (623)934-1780       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160010

MICHAEL JOHN RYAN
TRS TAKE TWO LLC
TOM RYANS LOUNGE
70 W WARNER RD #105
CHANDLER AZ 85225

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070623         Renew? ______Yes_____No
Status:   Active           Status Date:     11/20/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL JOHN RYAN             ___________________
Location: TOM RYANS LOUNGE              ___________________
          70 W WARNER RD #105           ___________________
          CHANDLER, AZ 85225            ___________________
Business Phone:     (480)792-1699       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160011

STEPHEN EUGENE LAND
SOUTHWEST AIRLINES CO
SOUTHWEST AIRLINES CO
2702 LOVE FIELD DR
DALLAS TX 75235-1611

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  08070011         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEPHEN EUGENE LAND           ___________________
Location: SOUTHWEST AIRLINES CO         ___________________
          4153 E SKY HARBOR BLVD        ___________________
          PHOENIX, AZ 85034             ___________________
Business Phone:     6022863326          __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160012

WILLIAM EDWARD NUBSON
AMERICAN LEGION #12
AMERICAN LEGION #12
176 N FRONTIER ST
WICKENBURG AZ 85390

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14070081         Renew? ______Yes_____No
Status:   Active           Status Date:     10/31/1994
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM EDWARD NUBSON         ___________________
Location: AMERICAN LEGION #12           ___________________
          176 N FRONTIER ST             ___________________
          WICKENBURG, AZ 85390          ___________________
Business Phone:     (928)684-7762       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160013

THOMAS JOESPH LOEGERING
SUN CITY COUNTRY CLUB INC
SUN CITY COUNTRY CLUB
9433 N 107TH AVE
SUN CITY AZ 85351

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070113         Renew? ______Yes_____No
Status:   Active           Status Date:     2/10/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS JOESPH LOEGERING       _________________
Location: SUN CITY COUNTRY CLUB         _________________
          9433 N 107TH AVE              _________________
          SUN CITY, AZ 85351            _________________
Business Phone:     (623)933-8401       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160014

NITINKUMAR PRAHLADBHAI PATEL
GURU HARI CORPORATION
BRIGETT'S LAST LAUGH
17222 N CAVE CREEK RD
PHOENIX AZ 85032

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070019         Renew? ______Yes_____No
Status:   Active           Status Date:     1/28/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NITINKUMAR PRAHLADBHAI PATEL  __________________
Location: BRIGETT'S LAST LAUGH          __________________
          17222 N CAVE CREEK RD         __________________
          PHOENIX, AZ 85032             __________________
Business Phone:     (602)788-0507       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160015

RANDY D NATIONS
SAN TAN CENTER LLC
DOUBLE TREE BY HILTON PHOENIX-GILBERT
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070304         Renew? ______Yes_____No
Status:   Inactive         Status Date:     4/24/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: DOUBLE TREE BY HILTON PHOENIX-GILBERT___________________
          1800 S SAN TAN VILLAGE PKWY   ___________________
          GILBERT, AZ 85295             ___________________
Business Phone:     (480)809-4100       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160016

ANDREA DAHLMAN LEWKOWITZ
HEARD MUSEUM INC
HEARD MUSEUM
2600 N CENTRAL AVE SUITE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070217         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: HEARD MUSEUM                  _________________
          2301 N CENTRAL AVE            _________________
          PHOENIX, AZ 85004             _________________
Business Phone:     (602)251-0221       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160017

THERESA JUNE MORSE
5832 INC
GREAT ALASKAN BUSH CO
2980 GRAND AVE
PHOENIX AZ 85017

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070398         Renew? ______Yes_____No
Status:   Active           Status Date:     2/5/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            _________________
Location: GREAT ALASKAN BUSH CO         _________________
          2980 GRAND AVE                _________________
          PHOENIX, AZ 85017             _________________
Business Phone:     (602)254-2909       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160018

PATRICK MICHAEL OLIVO
PLAYPEN LLC
BUNKHOUSE LOUNGE
4428 N 7TH AVE
PHOENIX AZ 85013

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070396         Renew? ______Yes_____No
Status:   Active           Status Date:     2/7/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICK MICHAEL OLIVO         ___________________
Location: BUNKHOUSE LOUNGE              ___________________
          4428 N 7TH AVE                ___________________
          PHOENIX, AZ 85013             ___________________
Business Phone:     (602)200-9154       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160019

JASON C ADLER
SCOTTSDALE BEACH CLUB LLC
MAYA DAY & NIGHTCLUB
4501 N SCOTTSDALE RD #201
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070531         Renew? ______Yes_____No
Status:   Active           Status Date:     11/21/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JASON C ADLER                 _________________
Location: MAYA DAY & NIGHTCLUB          _________________
          7333 E INDIAN PLAZA           _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (480)874-1000       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160020

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

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

License# 06070307 Renew? _____Yes_____No
Status: Active Status Date: 4/3/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: TATUM RANCH GOLF COURSE _____
29888 N TATUM RANCH DR _____
CAVE CREEK, AZ 85331 _____
Business Phone: (480)585-2399 _____

Renewal Fees:

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

License# 06070424 Renew? _____Yes_____No
Status: Active Status Date: 4/3/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: RAVEN GOLF CLUB _____
3636 E BASELINE RD _____
PHOENIX, AZ 85042 _____
Business Phone: (602)243-3636 _____

Renewal Fees:

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

License# 06070502 Renew? _____Yes_____No
Status: Active Status Date: 4/6/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: STONECREEK GOLF CLUB _____
4435 E PARADISE VILLAGE PKWY S #102 _____
PHOENIX, AZ 85032 _____
Business Phone: (602)953-0559 _____

Renewal Fees:

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

License# 06070596 Renew? _____Yes_____No
Status: Active Status Date: 4/15/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: ANCALA COUNTRY CLUB _____
11700 E VIA LINDA _____
SCOTTSDALE, AZ 85259 _____

Business Phone: (480)391-1000 _____

Renewal Fees:

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

License# 06070683 Renew? _____Yes_____No
Status: Active Status Date: 4/6/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: SUPERSTITION SPRINGS GOLF CLUB_____
6542 E BASELINE RD _____
MESA, AZ 85206 _____
Business Phone: (480)985-5622 _____

Renewal Fees:

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

License# 14073075 Renew? _____Yes_____No
Status: Active Status Date: 4/15/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: ARROWHEAD COUNTRY CLUB _____
19888 N 73RD AVE _____
GLENDALE, AZ 85308 _____
Business Phone: (623)561-9600 _____

Renewal Fees:

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160021

MARY ANN HULTMAN
AZOOL LLC
AZOOL GRILL
3134 W CAREFREE HWY #3
PHOENIX AZ 85086

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070176         Renew? ______Yes_____No
Status:   Active           Status Date:     6/22/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARY ANN HULTMAN              _________________
Location: AZOOL GRILL                   _________________
          3134 W CAREFREE HWY #3        _________________
          PHOENIX, AZ 85086             _________________
Business Phone:     (602)478-4922       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160022

BARRY JAMES LUCAS
TANGEE CORP
DJ'S OF SCOTTSDALE
7320 E STETSON
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070714         Renew? ______Yes_____No
Status:   Active           Status Date:     2/5/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BARRY JAMES LUCAS             ___________________
Location: DJ'S OF SCOTTSDALE            ___________________
          7320 E STETSON                ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)945-9693       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160023

MEAGHAN JINAE BORREGO
WESTMINSTER VILLAGE INC
WESTMINSTER VILLAGE
12000 N 90TH ST
SCOTTSDALE AZ 85260

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14071011         Renew? ______Yes_____No
Status:   Active           Status Date:     2/13/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MEAGHAN JINAE BORREGO         ___________________
Location: WESTMINSTER VILLAGE           ___________________
          12000 N 90TH ST               ___________________
          SCOTTSDALE, AZ 85260          ___________________
Business Phone:     (480)451-2000       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160024

CLARE HOLLIE ABEL
DAVE & BUSTERS INC
DAVE & BUSTER'S
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070249         Renew? ______Yes_____No
Status:   Active           Status Date:     11/17/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             ___________________
Location: DAVE & BUSTER'S               ___________________
          9460 W HANNA LANE             ___________________
          GLENDALE, AZ 85305            ___________________
Business Phone:     (623)759-7800       __________

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

-------------------------------------------------------------------------------
License#  06070603         Renew? ______Yes_____No
Status:   Active           Status Date:     9/11/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             ___________________
Location: DAVE & BUSTERS                ___________________
          2000 E RIO SALADO PKWY #1100   ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (480)281-8456       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160025

CHRISTOPHER CARL CALCATERRA
CITY OF PEORIA
PEORIA STADIUM
9875 N 85TH AVE
PEORIA AZ 85345

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

License# 05071018 Renew? _____Yes_____No
Status: Active Status Date: 2/6/2004
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CHRISTOPHER CARL CALCATERRA _____
Location: PEORIA STADIUM _____
16101 N 83RD AVE _____
PEORIA, AZ 85382 _____
Business Phone: (623)773-8700 _____

Renewal Fees:

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

License# 05073018 Renew? _____Yes_____No
Status: Active Status Date: 6/29/2004
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CHRISTOPHER CARL CALCATERRA _____
Location: RIO VISTA COMMUNITY PARK _____
8866 W THUNDERBIRD RD _____
PEORIA, AZ 85381 _____
Business Phone: (623)773-8600 _____

Renewal Fees:

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

License# 05073039 Renew? _____Yes_____No
Status: Active Status Date: 11/19/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CHRISTOPHER CARL CALCATERRA _____
Location: PIONEER COMMUNITY PARK _____
8755 N 83RD AVE _____
PEORIA, AZ 85345 _____
Business Phone: (623)773-7137 _____

Renewal Fees:

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

License# 05073040 Renew? _____Yes_____No
Status: Active Status Date: 2/3/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CHRISTOPHER CARL CALCATERRA _____
Location: PEORIA CENTER FOR THE PERFORMING ARTS_____
8355 W PEORIA AVE _____
PEORIA, AZ 85345 _____
Business Phone: (623)815-1791 _____

Renewal Fees:

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160026

JOANNA LYNN ROSS YOGERST
J.Y.R.C LLC
STEEL HORSE SALOON
1818 W BELL RD #100
PHOENIX AZ 85023

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070400         Renew? ______Yes_____No
Status:   Active           Status Date:     9/24/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOANNA LYNN ROSS YOGERST      _________________
Location: STEEL HORSE SALOON            _________________
          1818 W BELL RD #100           _________________
          PHOENIX, AZ 85023             _________________
Business Phone:     (602)942-8778       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160027

AMY S NATIONS
FLAUM ENDEAVORS LLC
CK'S TAVERN & GRILL
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070439         Renew? ______Yes_____No
Status:   Active           Status Date:     4/26/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AMY S NATIONS                 __________________
Location: CK'S TAVERN & GRILL           __________________
          4142 E CHANDLER BLVD #105     __________________
          PHOENIX, AZ 85044             __________________
Business Phone:     (480)706-5564       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160028

PAUL SAMUEL MITCHELL
MICCIO ENTERPRISES LLC
OLD TOWN TAVERN
8102 E FOOTHILLS DR
SCOTTSDALE AZ 85255

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070595         Renew? ______Yes_____No
Status:   Active           Status Date:     3/27/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PAUL SAMUEL MITCHELL          ___________________
Location: OLD TOWN TAVERN               ___________________
          7320 SCOTTSDALE MALL          ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)945-2882       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160029

JAMES FRANCIS HENDERSON
MOOSE LODGE #2082
EAST MESA MOOSE LODGE #2082
7402 E BASELINE RD
MESA AZ 85209

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14071021         Renew? ______Yes_____No
Status:   Active           Status Date:     12/5/1990
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES FRANCIS HENDERSON       ___________________
Location: EAST MESA MOOSE LODGE #2082   ___________________
          7402 E BASELINE RD            ___________________
          MESA, AZ 85209                ___________________
Business Phone:     (480)985-0553       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160030

STACY TIMOTHY LOUIS
STACY'S @ MELROSE LLC
STACY'S @ MELROSE
P O BOX 36068
PHOENIX AZ 85067

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070004         Renew? ______Yes_____No
Status:   Active           Status Date:     2/6/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STACY TIMOTHY LOUIS           ___________________
Location: STACY'S @ MELROSE             ___________________
          4343 N 7TH AVE                ___________________
          PHOENIX, AZ 85013             ___________________
Business Phone:     (602)264-1700       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160031

MATTHEW JASON TOMB
BIKINI INC
BIKINI LOUNGE
1502 GRAND AVE
PHOENIX AZ 85007

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070558         Renew? ______Yes_____No
Status:   Active           Status Date:     2/7/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MATTHEW JASON TOMB            ___________________
Location: BIKINI LOUNGE                 ___________________
          1502 GRAND AVE                ___________________
          PHOENIX, AZ 85007             ___________________
Business Phone:     (602)252-0472       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160032

DEBORAH ANN BOYER
BRIARWOOD COUNTRY CLUB
BRIARWOOD COUNTRY CLUB
20800 135TH AVE
SUN CITY WEST AZ 85375

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14070087         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEBORAH ANN BOYER             ___________________
Location: BRIARWOOD COUNTRY CLUB        ___________________
          20800 135TH AVE               ___________________
          SUN CITY WEST, AZ 85375       ___________________
Business Phone:     (602)584-5600       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160033

NORBERTO JESUS CASTRO
ARIZONA CENTER FOR NATURE CONSERVATION
PHOENIX ZOO
455 N GALVIN PKWY
PHOENIX AZ 85008

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070384         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NORBERTO JESUS CASTRO         _________________
Location: PHOENIX ZOO                   _________________
          455 N GALVIN PKWY             _________________
          PHOENIX, AZ 85008             _________________
Business Phone:     (602)914-4306       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160034

REBECCA ELLA DETTLER
TROPHY'S STEAKHOUSE LLC
BAR VINEDO
4782 E BUCKBOARD RD
GILBERT AZ 85297

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

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

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070273         Renew? ______Yes_____No
Status:   Pending          Status Date:     11/24/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    REBECCA ELLA DETTLER          ___________________
Location: BAR VINEDO                    ___________________
          7215 S POWER RD STE 108       ___________________
          QUEEN CREEK, AZ 85242         ___________________
Business Phone:     (480)840-9709       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160035

MANUELA CANADA
SPEAKEASY LTD
SPEAKEASY
10745 GRAND AVE #7
SUN CITY AZ 85351

LICENSES EXPIRE ON JANUARY 31, 2016

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

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

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

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

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

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

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

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

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

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070515         Renew? ______Yes_____No
Status:   Active           Status Date:     9/25/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MANUELA  CANADA               _________________
Location: SPEAKEASY                     _________________
          10745 GRAND AVE #7            _________________
          SUN CITY, AZ 85351            _________________
Business Phone:     (623)977-0662       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160036

ANTHONY EMIL DELLHEIM
PATSY DEVELOPMENT INC
BLISS SHOWCLUB
5240 W PASEO DEL CAMPO
TUCSON AZ 85745

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070638         Renew? ______Yes_____No
Status:   Active           Status Date:     7/2/1991
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANTHONY EMIL DELLHEIM         ___________________
Location: BLISS SHOWCLUB                ___________________
          1926 W DEER VALLEY RD         ___________________
          PHOENIX, AZ 85027             ___________________
Business Phone:     (623)780-8502       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160037

LAURA ANN KELLY-PHILLIPS
BRATS INC
TIME OUT LOUNGE
3129 S MILL
TEMPE AZ 85282

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070621         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAURA ANN KELLY-PHILLIPS      _________________
Location: TIME OUT LOUNGE               _________________
          3129 S MILL AVE               _________________
          TEMPE, AZ 85282               _________________
Business Phone:     4809686491          __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160038

JESSE WAYNE TIMMS
AMERICAN LEGION #5
AMERICAN LEGION #5
3927 W SOUTHERN AVE
PHOENIX AZ 85041

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070093         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESSE WAYNE TIMMS             ___________________
Location: AMERICAN LEGION #5            ___________________
          3927 W SOUTHERN AVE           ___________________
          PHOENIX, AZ 85041             ___________________
Business Phone:     (602)237-3114       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160039

PERRY CHARLES HUELLMANTEL
GRADUATE TEMPE LESSEE LLC
GRADUATE TEMPE
P O BOX 1833
TEMPE AZ 85280-1833

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070626         Renew? ______Yes_____No
Status:   Active           Status Date:     4/16/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PERRY CHARLES HUELLMANTEL     ___________________
Location: GRADUATE TEMPE                ___________________
          225 E APACHE BLVD             ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (480)967-9431       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160040

JULIAN JAMES WRIGHT
WHISKEY ROCKS TEMPE LLC
GRINGO STAR STREET BAR
1735 E AURELIUS AVE
PHOENIX AZ 85020

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070112         Renew? ______Yes_____No
Status:   Active           Status Date:     4/29/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JULIAN JAMES WRIGHT           _________________
Location: GRINGO STAR STREET BAR        _________________
          501 S MILL AVE #101           _________________
          TEMPE, AZ 85281               _________________
Business Phone:     (480)361-9544       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160041

RANDY D NATIONS
NORTHSAND LLC
SANDBAR MEXICAN GRILL
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070296         Renew? ______Yes_____No
Status:   Active           Status Date:     10/24/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: SANDBAR MEXICAN GRILL         ___________________
          21001 N TATUM BLVD BLDG 14    ___________________
          PHOENIX, AZ 85050             ___________________
Business Phone:     (480)585-5900       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160042

JAMES FRANCIS DESMOND
JFD ENTERTAINMENT LLC
RUM RUNNER'S BAR
209 W ORCHID LN
PHOENIX AZ 85021

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070163         Renew? ______Yes_____No
Status:   Active           Status Date:     3/27/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES FRANCIS DESMOND         ___________________
Location: RUM RUNNER'S BAR              ___________________
          8355 N 7TH ST                 ___________________
          PHOENIX, AZ 85020             ___________________
Business Phone:     (602)944-8616       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160043

DAVID ALLEN GRAY
AMERICAN LEGION #39
AMERICAN LEGION #39
206 N GILBERT RD
GILBERT AZ 85234

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070106         Renew? ______Yes_____No
Status:   Active           Status Date:     3/2/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID ALLEN GRAY              _________________
Location: AMERICAN LEGION #39           _________________
          206 N GILBERT RD              _________________
          GILBERT, AZ 85234             _________________
Business Phone:     (480)892-7038       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160044

ANDREA DAHLMAN LEWKOWITZ
WEDGEWOOD BEVERAGE INC
PALM VALLEY GOLF CLUB
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070037         Renew? ______Yes_____No
Status:   Active           Status Date:     5/21/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: PALM VALLEY GOLF CLUB         ___________________
          2211 N LITCHFIELD RD          ___________________
          GOODYEAR, AZ 85395            ___________________
Business Phone:     (623)935-2500       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160045

ANDREA DAHLMAN LEWKOWITZ
SHEA HOMES SOUTHWEST INC
TRILOGY GOLF CLUB AT VISTANCIA
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070075         Renew? ______Yes_____No
Status:   Active           Status Date:     5/30/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: TRILOGY GOLF CLUB AT VISTANCIA_________________
          12575 W GOLF CLUB DR          ___________________
          PEORIA, AZ 85383              ___________________
Business Phone:     (623)328-5100       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160046

RANDY D NATIONS
EL HEFE 3 LLC
EL HEFE
PO BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070365         Renew? ______Yes_____No
Status:   Active           Status Date:     2/20/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: EL HEFE                       ___________________
          640 S MILL AVE #110           ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (480)257-2797       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160047

LAYNE STEVEN VARNEY
SUNBIRD GOLF RESORT HOMEOWNERS' ASSOCIATION INC
SUNBIRD RESORT COMMUNITY
6250 S SUNBIRD BLVD
CHANDLER AZ 85249

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14073015         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAYNE STEVEN VARNEY           ___________________
Location: SUNBIRD RESORT COMMUNITY      ___________________
          6250 SUNBIRD BLVD             ___________________
          CHANDLER, AZ 85249            ___________________
Business Phone:     (480)802-4901       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160048

ANDREW CHARLES MELLEN
AZ ICE IHT LLC
ICE HOUSE TAVERN
3855 E THOMAS RD
PHOENIX AZ 85018

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070005         Renew? ______Yes_____No
Status:   Active           Status Date:     2/18/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREW CHARLES MELLEN         _________________
Location: ICE HOUSE TAVERN              _________________
          3855 E THOMAS RD              _________________
          PHOENIX, AZ 85018             _________________
Business Phone:     (602)244-1179       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160049

CHETTAN PATEL
LATINA LLC
FIESTA LATINA BAR & BALLROOM
14704 W COLUMBUS AVE
GOODYEAR AZ 85395

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070261         Renew? ______Yes_____No
Status:   Inactive         Status Date:     12/3/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHETTAN  PATEL                _________________
Location: FIESTA LATINA BAR & BALLROOM  _________________
          2030 W MCDOWELL RD            _________________
          PHOENIX, AZ 85009             _________________
Business Phone:     (602)523-0239       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160050

THERESA JUNE MORSE
EXPECT LISTEN ALLOW GROUP LLC
O2 LOUNGE
8110 W UNION HILLS DR #410
GLENDALE AZ 85308

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070746         Renew? ______Yes_____No
Status:   Active           Status Date:     10/16/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            _________________
Location: O2 LOUNGE                     _________________
          8110 W UNION HILLS DR #410    _________________
          GLENDALE, AZ 85308            _________________
Business Phone:     (623)825-4988       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160051

BETH ANNETTE JOHNSON
SWIZZLE III INC
SWIZZLE INN
6034 N 16TH PL
PHOENIX AZ 85016

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070656         Renew? ______Yes_____No
Status:   Active           Status Date:     4/15/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BETH ANNETTE JOHNSON          _________________
Location: SWIZZLE INN                   _________________
          5835 N 16TH ST #A             _________________
          PHOENIX, AZ 85016             _________________
Business Phone:     (602)277-7775       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160052

SCOTT ALBERT O'NEILL
O'NEILL CULINARY COLLECTIVE LLC
NUSH
560 S COLLEGE AVE #101
TEMPE AZ 85281

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070407         Renew? ______Yes_____No
Status:   Active           Status Date:     6/4/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SCOTT ALBERT O'NEILL          _________________
Location: NUSH                          _________________
          560 S COLLEGE AVE #101        _________________
          TEMPE, AZ 85281               _________________
Business Phone:     (480)219-9102       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160053

SHELBY LEE FUTCH
DIVOT PARTNERS LLC
RED MOUNTAIN RANCH COUNTRY CLUB
6425 E TETON RD
MESA AZ 85215

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070345         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SHELBY LEE FUTCH              ___________________
Location: RED MOUNTAIN RANCH COUNTRY CLUB___________________
          6425 E TETON RD               ___________________
          MESA, AZ 85215                ___________________
Business Phone:     (480)981-6501       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160054

RANDY D NATIONS
BUCKEYE WEST LLC
WICKED 6 BAR & GRILL
13100 N SUNRIDGE DR
FOUNTAIN HILLS AZ 85268

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070289         Renew? ______Yes_____No
Status:   Active           Status Date:     1/10/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: WICKED 6 BAR & GRILL          ___________________
          13100 N SUNRIDGE DR           ___________________
          FOUNTAIN HILLS, AZ 85268      ___________________
Business Phone:     (480)837-5396       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160055

STEVE R INGERSOLL
EDDIE'S 32ND ST TAVERN LLC
EDDIE'S TAVERN
12107 E POINSETTIA DR
SCOTTSDALE AZ 85259

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070354         Renew? ______Yes_____No
Status:   Active           Status Date:     3/7/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEVE R INGERSOLL             _________________
Location: EDDIE'S TAVERN                _________________
          12302 N 32ND ST               _________________
          PHOENIX, AZ 85032             _________________
Business Phone:     (602)354-4810       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160056

ERNESTO ROBERT ROMERO
ERNIE'S CANTINA LLC
ERNIE'S CANTINA
5329 N 104 DR
GLENDALE AZ 85307

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070456         Renew? ______Yes_____No
Status:   Inactive         Status Date:     3/1/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERNESTO ROBERT ROMERO         ___________________
Location: ERNIE'S CANTINA               ___________________
          1944 E OSBORN RD              ___________________
          PHOENIX, AZ 85016             ___________________
Business Phone:     (602)266-1990       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160057

ARAIK KHACHATRIAN
ARIK COMPANY LLC
27TH AVE BAR & GRILL
1245 E ROSEMONTE DR
PHOENIX AZ 85024

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070486         Renew? ______Yes_____No
Status:   Active           Status Date:     12/14/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ARAIK  KHACHATRIAN            _________________
Location: 27TH AVE BAR & GRILL          _________________
          2038 N 27TH AVE               _________________
          PHOENIX, AZ 85009             _________________
Business Phone:     (602)272-3146       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160058

SCOTT PATRICK RICHMOND
PPGC INC
PEORIA PINES GOLF & RESTAURANT
8411 N 107TH AVE
PEORIA AZ 85345

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070551         Renew? ______Yes_____No
Status:   Active           Status Date:     9/14/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SCOTT PATRICK RICHMOND        ___________________
Location: PEORIA PINES GOLF & RESTAURANT___________________
          8411 N 107TH AVE              ___________________
          PEORIA, AZ 85345              ___________________
Business Phone:     (623)972-1364       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160059

JEFFERY LEE PERALES
WILEYMAN ENTERPRISES LLC
KOBALT BAR
3110 N CENTRAL AVE #125 BLDG 3
PHOENIX AZ 85012

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070663         Renew? ______Yes_____No
Status:   Active           Status Date:     12/15/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFERY LEE PERALES           _________________
Location: KOBALT BAR                    _________________
          3110 N CENTRAL AVE #125 BLDG 3   __________________
          PHOENIX, AZ 85012             _________________
Business Phone:     (602)264-5307       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160060

ALEXANDER GREGORY BUHRE
ARAMARK ENTERTAINMENT LLC
AK-CHIN PAVILION
FLAHERTY & O'HARA PC
610 SMITHFIELD ST STE 300
PITTSBURGH PA 15222

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070291         Renew? ______Yes_____No
Status:   Inactive         Status Date:     12/31/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALEXANDER GREGORY BUHRE       _________________
Location: AK-CHIN PAVILION              _________________
          2121 N 83RD AVE               _________________
          PHOENIX, AZ 85035             _________________
Business Phone:     (602)254-7200       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160061

CARLA ANN ROBERTS
WESTDALE TAVERN INC
WESTDALE TAVERN
3510 W VAN BUREN ST
PHOENIX AZ 85009

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070150         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CARLA ANN ROBERTS             ___________________
Location: WESTDALE TAVERN               ___________________
          3510 W VAN BUREN ST           ___________________
          PHOENIX, AZ 85009             ___________________
Business Phone:     (602)233-2055       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160062

ROSE SEMON DAVIDSON
LVC LLC
DUNES LOUNGE
3611 W DUNLAP AVE
PHOENIX AZ 85051

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070236         Renew? ______Yes_____No
Status:   Active           Status Date:     3/14/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROSE SEMON DAVIDSON           ___________________
Location: DUNES LOUNGE                  ___________________
          3611 W DUNLAP AVE             ___________________
          PHOENIX, AZ 85051             ___________________
Business Phone:     (602)336-9305       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160063

QUINTON CHARLES KUBICEK
WANDERIN LLC
WANDERIN
4140 E MCDOWELL
PHOENIX AZ 85008

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070395         Renew? ______Yes_____No
Status:   Active           Status Date:     8/21/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    QUINTON CHARLES KUBICEK       ___________________
Location: WANDERIN                      ___________________
          4140 E MCDOWELL RD            ___________________
          PHOENIX, AZ 85008             ___________________
Business Phone:     (602)275-1062       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160064

THIERRY A LA VOY
PUB N GRUB INC
PUB N GRUB
2815 S ALMA SCHOOL RD #101
MESA AZ 85210

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070403         Renew? ______Yes_____No
Status:   Active           Status Date:     2/22/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THIERRY A LA VOY              ___________________
Location: PUB N GRUB                    ___________________
          2815 S ALMA SCHOOL RD #101    ___________________
          MESA, AZ 85210                ___________________
Business Phone:     (602)838-1348       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160065

CASSIE JUNE FRANANO
R D TWO & B ENTERPRISES INC
ROADRUNNER LOUNGE
3219 N HAYDEN RD
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070433         Renew? ______Yes_____No
Status:   Active           Status Date:     2/1/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CASSIE JUNE FRANANO           ___________________
Location: ROADRUNNER LOUNGE             ___________________
          3219 N HAYDEN RD              ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (602)941-8340       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160066

DEEPIKA BHALLA
CHATEAU LUXE BANQUET & CONFERENCE CENTER LLC
CHATEAU LUXE BANQUET & CONFERENCE CENTER
21414 N 52ND AVE
GLENDALE AZ 85308

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06073506         Renew? ______Yes_____No
Status:   Active           Status Date:     9/25/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEEPIKA  BHALLA               ___________________
Location: CHATEAU LUXE BANQUET & CONFERENCE CENTER___________________
          1175 E LONE CACTUS DR         ___________________
          PHOENIX, AZ 85024             ___________________
Business Phone:     (602)292-7945       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160067

DOUGLAS HAROLD HUNT
AMERICAN LEGION POST #44
AMERICAN LEGION POST #44
7145 E 2ND ST
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14071033         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DOUGLAS HAROLD HUNT           ___________________
Location: AMERICAN LEGION POST #44      ___________________
          7145 E 2ND ST                 ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)941-0130       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160068

ANDRE M NICHOLSON
OCOTILLO GOLF CLUB LLC
OCOTILLO GOLF RESORT
3751 S CLUBHOUSE DR
CHANDLER AZ 85248

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070297         Renew? ______Yes_____No
Status:   Active           Status Date:     2/17/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDRE M NICHOLSON             ___________________
Location: OCOTILLO GOLF RESORT          ___________________
          3751 S CLUBHOUSE DR           ___________________
          CHANDLER, AZ 85248            ___________________
Business Phone:     (480)917-6660       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160069

MARION HOOPER
JUST WILLY LLC
JUST WILLY'S
P O BOX 2482
SUN CITY AZ 85372

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070097         Renew? ______Yes_____No
Status:   Active           Status Date:     6/30/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARION  HOOPER                _________________
Location: JUST WILLY'S                  _________________
          6322 W BELL RD                _________________
          GLENDALE, AZ 85308            _________________
Business Phone:     (623)486-2525       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160070

JOHN MICHAEL SHIELDS
CITY OF AVONDALE
AMERICAN SPORTS CENTER - AVONDALE
11465 W CIVIC CENTER DR #200
AVONDALE AZ 85323

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  05073033         Renew? ______Yes_____No
Status:   Active           Status Date:     10/18/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN MICHAEL SHIELDS          ___________________
Location: AMERICAN SPORTS CENTER - AVONDALE___________________
          755 N 114 AVE                 ___________________
          AVONDALE, AZ 85323            ___________________
Business Phone:     (623)792-5539       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160071

RANDY D NATIONS
RED RIVER BBQ LLC
RED RIVER BBQ
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070301         Renew? ______Yes_____No
Status:   Active           Status Date:     2/26/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: RED RIVER BBQ                 ___________________
          1401 E BELL RD                ___________________
          PHOENIX, AZ 85022             ___________________
Business Phone:     (602)993-0922       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160072

ANDREA DAHLMAN LEWKOWITZ
MYAN INVESTMENTS LLC
BLUR
2600 N CENTRAL AVE STE#1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070671         Renew? ______Yes_____No
Status:   Active           Status Date:     2/19/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: BLUR                          _________________
          7419 E INDIAN PLAZA DR #A     _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (480)994-4695       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160073

MICHAEL BRUCE TURNER
SODEXHO AMERICA LLC
SUN DEVIL STADIUM
600 E VETERANS WAY STE 166
TEMPE AZ 85287

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070269         Renew? ______Yes_____No
Status:   Active           Status Date:     5/18/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL BRUCE TURNER          ___________________
Location: SUN DEVIL STADIUM             ___________________
          425 E UNIVERSITY DR #114 ASU/UNIVERSITY ACTIVITIES CTR  ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (480)965-4215       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160074

THERESA JUNE MORSE
EDLAZ LLC
CAKE NIGHTCLUB
530 E MCDOWELL RD STE 107-241
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070420         Renew? ______Yes_____No
Status:   Active           Status Date:     12/5/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            _________________
Location: CAKE NIGHTCLUB                _________________
          4426 N SADDLEBAG TRL          _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (480)625-0133       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160075

JON RICHARD COOPER, JR.
JON RICHARD COOPER JR LLC
COOP'S BAR & GRILL
8455 W PEORIA AVE
PEORIA AZ 85345

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070649         Renew? ______Yes_____No
Status:   Active           Status Date:     11/22/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JON RICHARD COOPER, JR.       _________________
Location: COOP'S BAR & GRILL            _________________
          8455 W PEORIA AVE             _________________
          PEORIA, AZ 85345              _________________
Business Phone:     (623)878-4250       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160076

KIRK K NIELSON
PRICELESS TOO INC
PRICELESS TOO
3029 N ALMA SCHOOL RD #102
CHANDLER AZ 85224

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070698         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KIRK K NIELSON                _________________
Location: PRICELESS TOO                 _________________
          3029 N ALMA SCHOOL RD #102    _________________
          CHANDLER, AZ 85224            _________________
Business Phone:     (602)897-2608       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160077

THERESA JUNE MORSE
JETAWAY DAVE'S BAR LLC
JETAWAY DAVE'S
530 E MCDOWELL RD STE 107-241
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070234         Renew? ______Yes_____No
Status:   Active           Status Date:     8/7/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            _________________
Location: JETAWAY DAVE'S                _________________
          9250 N 43RD AVE STE 17-18     _________________
          GLENDALE, AZ 85302            _________________
Business Phone:     (623)251-3195       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160078

ANDREA DAHLMAN LEWKOWITZ
NEXT LEVEL ARCADE LLC
COBRA ARCADE
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070050         Renew? ______Yes_____No
Status:   Active           Status Date:     12/2/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: COBRA ARCADE                  ___________________
          801 N 2ND ST                  ___________________
          PHOENIX, AZ 85004             ___________________
Business Phone:     (623)206-3522       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160079

KRISTIN ANNE ZUEHL
KZ HOLDINGS LLC
CLUBHOUSE GRILL
21015 N 24TH AVE
PHOENIX AZ 85027

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070051         Renew? ______Yes_____No
Status:   Active           Status Date:     12/26/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KRISTIN ANNE ZUEHL            ___________________
Location: CLUBHOUSE GRILL               ___________________
          14175 W INDIAN SCHOOL RD #C1   ___________________
          GOODYEAR, AZ 85338            ___________________
Business Phone:     (623)535-4857       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160080

FELIX ALETOR IMADIYI
CITY OF MESA
MESA CENTENNIAL HALL
263 N CENTER ST
MESA AZ 85201

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 05070002 Renew? _____Yes_____No
Status: Active Status Date: 9/1/1987
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: FELIX ALETOR IMADIYI _____
Location: MESA CENTENNIAL HALL _____
201 N CENTER ST _____
MESA, AZ 85201 _____
Business Phone: (480)644-2668 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

License# 05071007 Renew? _____Yes_____No
Status: Active Status Date: 2/2/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: FELIX ALETOR IMADIYI _____
Location: HOHOKAM STADIUM _____
1235 N CENTER ST _____
MESA, AZ 85201 _____
Business Phone: (480)644-2192 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

License# 05073021 Renew? _____Yes_____No
Status: Active Status Date: 2/3/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RANDALL HERBERT VOGEL _____
Location: MESA ARTS CENTER _____
1 E MAIN ST _____
MESA, AZ 85211 _____
Business Phone: (480)644-5778 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

License# 05073023 Renew? _____Yes_____No
Status: Active Status Date: 5/17/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: FELIX ALETOR IMADIYI _____
Location: FITCH BASEBALL PARK _____
160 E 6TH PL _____
MESA, AZ 85201 _____
Business Phone: (480)644-2668 _____

Renewal Fees:

```
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00

--------------------------------------------------------------------------------
License#  05073026         Renew? ______Yes_____No
Status:   Active           Status Date:     12/26/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FELIX ALETOR IMADIYI          _________________
Location: DOBSON RANCH GOLF COURSE      _________________
          2155 S DOBSON RD              _________________
          MESA, AZ 85202                _________________
Business Phone:     (480)644-2192       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00

--------------------------------------------------------------------------------
License#  05073031         Renew? ______Yes_____No
Status:   Active           Status Date:     3/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDALL HERBERT VOGEL         _________________
Location: I D E A  MUSEUM               _________________
          35 N ROBSON ST                _________________
          MESA, AZ 85201                _________________
Business Phone:     (480)644-6603       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00

--------------------------------------------------------------------------------
License#  05073032         Renew? ______Yes_____No
Status:   Active           Status Date:     3/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDALL HERBERT VOGEL         _________________
Location: ARIZONA MUSEUM OF NATURAL HISTORY_________________
          53 N MACDONALD ST             _________________
          MESA, AZ 85201                _________________
Business Phone:     (480)644-2230       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____

Name Street City County Zip

2) _____ _____

Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____

(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____

Month Year

My commission expires on: _____

_____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160081

JOHN EDWARD MARTINEZ
SIDLEY INC
KARAMBA NIGHTCLUB
P O BOX 5337
PHOENIX AZ 85010

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070606         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN EDWARD MARTINEZ          _________________
Location: KARAMBA NIGHTCLUB             _________________
          1720-1724 E MCDOWELL RD       _________________
          PHOENIX, AZ 85006             _________________
Business Phone:     (602)254-0231       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160082

JAMES WILLIE CRAIG
T W STEVES LLC
FIBBER MAGEES
3118 S SOUTHWIND DR
GILBERT AZ 85295

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070661         Renew? ______Yes_____No
Status:   Active           Status Date:     1/12/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES WILLIE CRAIG            _________________
Location: FIBBER MAGEES                 _________________
          1989 W ELLIOT RD SUITE #19    _________________
          CHANDLER, AZ 85224            _________________
Business Phone:     (480)722-9434       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160083

H J LEWKOWITZ
WHISPER ROCK MANAGEMENT COMPANY
WHISPER ROCK GOLF CLUB
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06071013         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: WHISPER ROCK GOLF CLUB        _________________
          32000 N OLD BRIDGE ROAD       _________________
          SCOTTSDALE, AZ 85266          _________________
Business Phone:     (480)575-8700       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160084

H J LEWKOWITZ
BAY ENTERTAINMENT LLC
DENIM & DIAMONDS
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070468         Renew? ______Yes_____No
Status:   Active           Status Date:     11/12/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: DENIM & DIAMONDS              _________________
          7336 E MAIN ST #106           _________________
          MESA, AZ 85207                _________________
Business Phone:     (480)832-5000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160085

GREG EDWIN MILLER
DESTINATION SCOTTSDALE MANAGEMENT INC
SCOTTSDALE CONFERENCE RESORT
11777 SAN VINCENTE BLVD #900
LOS ANGELES CA 90049

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070279         Renew? ______Yes_____No
Status:   Active           Status Date:     11/20/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GREG EDWIN MILLER             ___________________
Location: SCOTTSDALE CONFERENCE RESORT  ___________________
          7700 E MCCORMICK PKWY         ___________________
          SCOTTSDALE, AZ 85258          ___________________
Business Phone:     (480)991-9000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160086

PETER HENRY SCHELSTRAETE
7330 GOODWOOD LLC
GOODWOOD
7330 E STETSON DR
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070636         Renew? ______Yes_____No
Status:   Active           Status Date:     3/20/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PETER HENRY SCHELSTRAETE      ___________________
Location: GOODWOOD                      ___________________
          7330 E STETSON DR             ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)990-2388       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160087

H J LEWKOWITZ
M EVENTS LLC
MONTERRA AT WESTWORLD OF SCOTTSDALE
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070317         Renew? ______Yes_____No
Status:   Active           Status Date:     9/12/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: MONTERRA AT WESTWORLD OF SCOTTSDALE_________________
          16601 N PIMA RD               _________________
          SCOTTSDALE, AZ 85260          _________________
Business Phone:     (480)502-0815       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160088

TOMMY DON KILLER
RANCHO BAR 7 LLC
RANCHO BAR 7 RESTAURANT & LOUNGE
P O BOX 7
WICKENBURG AZ 85358

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070080         Renew? ______Yes_____No
Status:   Active           Status Date:     11/19/1991
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TOMMY DON KILLER              _________________
Location: RANCHO BAR 7 RESTAURANT & LOUNGE_________________
          111 E WICKENBURG WAY          _________________
          WICKENBURG, AZ 85390          _________________
Business Phone:     (928)684-2492       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160089

GEORGE KEVIN MCGANN
WIGWAM JOINT VENTURE LP
WIGWAM GOLF RESORT & SPA
300 E WIGWAM BLVD
LITCHFIELD PARK AZ 85340

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070124         Renew? ______Yes_____No
Status:   Active           Status Date:     4/8/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE KEVIN MCGANN           ___________________
Location: WIGWAM GOLF RESORT & SPA      ___________________
          300 E WIGWAM BLVD             ___________________
          LITCHFIELD PARK, AZ 85340     ___________________
Business Phone:     (623)935-3811       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160090

RANDY D NATIONS
MEAL TICKET LLC
BLASTED BARLEY BEER COMPANY
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070800         Renew? ______Yes_____No
Status:   Active           Status Date:     10/20/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: BLASTED BARLEY BEER COMPANY   ___________________
          404 S MILL AVE #101           ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (480)967-5887       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160091

DENISE ANN ROSS
ARABIAN ROOM COCKTAIL LOUNGE INC
DAVE'S PLACE
27521 N 35TH AVE
PHOENIX AZ 85083

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070617         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DENISE ANN ROSS               ___________________
Location: DAVE'S PLACE                  ___________________
          2710 W BELL RD #1288          ___________________
          PHOENIX, AZ 85053-7526        ___________________
Business Phone:     (602)866-9898       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160092

H J LEWKOWITZ
ARIZONA GRAND RESORT LLC
ARIZONA GRAND RESORT
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070408         Renew? ______Yes_____No
Status:   Active           Status Date:     12/8/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: ARIZONA GRAND RESORT          ___________________
          8000 S ARIZONA GRAND PKWY     ___________________
          PHOENIX, AZ 85044             ___________________
Business Phone:     (602)438-9000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160093

JOE B SAUCEDA
P O J'S
11616 W ORANGE CT
SURPRISE AZ 85378

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070546         Renew? ______Yes_____No
Status:   Active           Status Date:     9/22/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: P O J'S                       _________________
          4617 W INDIAN SCHOOL RD       _________________
          PHOENIX, AZ 85031             _________________
Business Phone:     (602)272-3793       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160094

RANDY D NATIONS
EMKAY PARTNERS LLC
SEVEN'S BISTRO
PO BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070601         Renew? ______Yes_____No
Status:   Active           Status Date:     10/29/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: SEVEN'S BISTRO                ___________________
          7707 E MCDOWELL RD            ___________________
          SCOTTSDALE, AZ 85257          ___________________
Business Phone:     (480)307-9885       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160095

TAMMY DIANE ZOLLMAN
CTR BOOTS LLC
NEIGHBORS
7530 W PEORIA AVE # F
PEORIA AZ 85345

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070655         Renew? ______Yes_____No
Status:   Active           Status Date:     9/24/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TAMMY DIANE ZOLLMAN           ___________________
Location: NEIGHBORS                     ___________________
          7530 W PEORIA AVE #F          ___________________
          PEORIA, AZ 85345              ___________________
Business Phone:     (623)878-4154       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160096

LAUREN KAY MERRETT
PFISTER PFAUCET INC
PFISTER PFAUCET
8290 W CAMELBACK RD
GLENDALE AZ 85303

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070630         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAUREN KAY MERRETT            ___________________
Location: PFISTER PFAUCET               ___________________
          8290 W CAMELBACK RD           ___________________
          GLENDALE, AZ 85303            ___________________
Business Phone:     (623)872-9181       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160097

BRADLEY ALAN HENRICH
UNCLE SHADY'S LLC
SHADY'S
4707 E SAGUARO PL
PARADISE VALLEY AZ 85253

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070635         Renew? ______Yes_____No
Status:   Active           Status Date:     7/20/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRADLEY ALAN HENRICH          _________________
Location: SHADY'S                       _________________
          2701 E INDIAN SCHOOL RD       _________________
          PHOENIX, AZ 85016             _________________
Business Phone:     (602)956-8998       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160098

GARY MICHAEL JOHNSON
MACAYO RESTAURANTS LLC
MACAYO SCOTTSDALE NORTH
1480 E BETHANY HOME RD STE 130
PHOENIX AZ 85014

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06070282 Renew? _____Yes_____No
Status: Active Status Date: 2/1/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: GARY MICHAEL JOHNSON _____
Location: MACAYO SCOTTSDALE NORTH _____
11107 N SCOTTSDALE RD _____
SCOTTSDALE, AZ 85260 _____
Business Phone: (480)596-1181 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070285 Renew? _____Yes_____No
Status: Active Status Date: 2/1/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: GARY MICHAEL JOHNSON _____
Location: MACAYO MESA _____
1920 S DOBSON RD _____
MESA, AZ 85202 _____
Business Phone: (480)820-0237 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070287 Renew? _____Yes_____No
Status: Active Status Date: 2/1/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: GARY MICHAEL JOHNSON _____
Location: MACAYO CENTRAL _____
4003 N CENTRAL AVE _____
PHOENIX, AZ 85012 _____
Business Phone: (602)264-6141 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160099

ANDREA DAHLMAN LEWKOWITZ
MISSION MUSIC LLC
CRESCENT BALLROOM
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070380         Renew? ______Yes_____No
Status:   Active           Status Date:     9/16/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: CRESCENT BALLROOM             ___________________
          308 N 2 AVE                   ___________________
          PHOENIX, AZ 85003             ___________________
Business Phone:     (602)716-2222       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160100

BRENT ALLEN NEWMAN
UPTOWN ALLEY II LLC
UPTOWN ALLEY
4900 W HUNDRED RD
CHESTER VA 23831

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070575         Renew? ______Yes_____No
Status:   Active           Status Date:     5/7/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRENT ALLEN NEWMAN            _________________
Location: UPTOWN ALLEY                  _________________
          13525 N LITCHFIELD RD         _________________
          SURPRISE, AZ 85379            _________________
Business Phone:     (623)975-7529       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160101

MICHAEL JOHN SIMON
AMERICAN LEGION #91
AMERICAN LEGION POST #91
922 N ALMA SCHOOL R #922 & 924
CHANDLER AZ 85224

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14073030         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL JOHN SIMON            _________________
Location: AMERICAN LEGION POST #91      _________________
          922 N ALMA SCHOOL RD #922 & 924   __________________
          CHANDLER, AZ 85224            _________________
Business Phone:     (480)855-3268       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160102

VIPIN KRISHNAMENON CHITAYIL
PHOENICIAN OPERATING LLC
PHOENICIAN RESORT
6000 E CAMELBACK RD
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070218         Renew? ______Yes_____No
Status:   Active           Status Date:     3/22/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VIPIN KRISHNAMENON CHITAYIL   __________________
Location: PHOENICIAN RESORT             __________________
          6000 E CAMELBACK RD           __________________
          SCOTTSDALE, AZ 85251          __________________
Business Phone:     (480)423-2418       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160103

FRANCIS JOSEPH LEAVY
MOYLIFF INC
DUBLINER IRISH PUB & RESTAURANT
3841 E THUNDERBIRD RD #111-113
PHOENIX AZ 85032

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070023         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FRANCIS JOSEPH LEAVY          ___________________
Location: DUBLINER IRISH PUB & RESTAURANT___________________
          3841 E THUNDERBIRD RD #111-113   ___________________
          PHOENIX, AZ 85032             ___________________
Business Phone:     (602)867-0984       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160104

H J LEWKOWITZ
MGC PROPERTIES LLC
VISTAL GOLF CLUB
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070628         Renew? ______Yes_____No
Status:   Inactive         Status Date:     7/14/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: VISTAL GOLF CLUB              ___________________
          701 E THUNDERBIRD TRL         ___________________
          PHOENIX, AZ 85040             ___________________
Business Phone:     (602)305-7755       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160105

ROBERT M NELSON
MOMSON INC
POMEROY'S
5555 N 7TH ST STE 100
PHOENIX AZ 85014

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070444         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT M NELSON               ___________________
Location: POMEROY'S                     ___________________
          5555 N 7TH ST STE 100         ___________________
          PHOENIX, AZ 85014             ___________________
Business Phone:     (602)264-5411       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160106

NILESH BHUPENDRA PATEL
GOODYEAR CROSSROADS LOUNGE INC
CROSSROADS LOUNGE
P O BOX 2200
LITCHFIELD PARK AZ 85340

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070501         Renew? ______Yes_____No
Status:   Active           Status Date:     2/11/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NILESH BHUPENDRA PATEL        ___________________
Location: CROSSROADS LOUNGE             ___________________
          950 N DYSART RD               ___________________
          GOODYEAR, AZ 85338            ___________________
Business Phone:     (602)932-9191       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160107

ROBERT CLYDE BURNS
V F W #1760
V F W #1760
65 S MACDONALD ST
MESA AZ 85210

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070014         Renew? ______Yes_____No
Status:   Active           Status Date:     2/7/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT CLYDE BURNS            ___________________
Location: V F W #1760                   ___________________
          65 S MACDONALD ST             ___________________
          MESA, AZ 85210                ___________________
Business Phone:     (480)964-9937       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160108

ROBERT JOHN TASSO
TEMPE TAVERN LLC
TEMPE TAVERN
2516 W MONTE AVE
MESA AZ 85202

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070083         Renew? ______Yes_____No
Status:   Active           Status Date:     3/30/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT JOHN TASSO             ___________________
Location: TEMPE TAVERN                  ___________________
          1810 E APACHE BLVD            ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (602)625-1336       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160109

DARYL DAVID CHESTER
CVH2 LLC
JESTER'S BILLIARDS
1515 N GILBERT RD #115-123
GILBERT AZ 85234

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070744         Renew? ______Yes_____No
Status:   Active           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:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160110

JOSE J QUINTANILLA
FURIA MUSICAL NIGHTCLUB & SPORTS BAR
1810 E MCDOWELL RD
PHOENIX AZ 85006

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070495         Renew? ______Yes_____No
Status:   Active           Status Date:     2/9/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: FURIA MUSICAL NIGHTCLUB & SPORTS BAR_________________
          1810 E MCDOWELL RD            ___________________
          PHOENIX, AZ 85006             ___________________
Business Phone:     (602)252-7900       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160111

RANDY D NATIONS
MUNCHBAR LLC
HI FI KITCHEN & COCKTAILS
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070120         Renew? ______Yes_____No
Status:   Active           Status Date:     1/25/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: HI FI KITCHEN & COCKTAILS     ___________________
          4420 N SADDLEBAG TRL #110     ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)970-4000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160112

H J LEWKOWITZ
HYATT CORPORATION
HYATT REGENCY PHOENIX
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070329         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: HYATT REGENCY PHOENIX         ___________________
          122 N 2ND ST                  ___________________
          PHOENIX, AZ 85004             ___________________
Business Phone:     (602)252-1234       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  06070489         Renew? ______Yes_____No
Status:   Active           Status Date:     2/6/1996
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: HYATT REGENCY SCOTTSDALE      ___________________
          7500 E DOUBLETREE RANCH RD    ___________________
          SCOTTSDALE, AZ 85258          ___________________
Business Phone:     (480)991-3388       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160113

LARRY KENYON COX
AMERICAN LEGION PAT TILLMAN POST #117 INC
AMERICAN LEGION PAT TILLMAN POST #117
16428 N 32ND ST #101 & 102
PHOENIX AZ 85032

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14073053         Renew? ______Yes_____No
Status:   Active           Status Date:     1/11/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LARRY KENYON COX              _________________
Location: AMERICAN LEGION PAT TILLMAN POST #117_________________
          16428 N 32ND ST #101 & 102    _________________
          PHOENIX, AZ 85032             _________________
Business Phone:     (602)358-7370       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160114

H J LEWKOWITZ
2011 SCOTTSDALE ENTERTAINMENT AQUISITION GROUP LLC
BABE'S CABARET
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070175         Renew? ______Yes_____No
Status:   Active           Status Date:     12/8/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: BABE'S CABARET                ___________________
          2011 N SCOTTSDALE RD          ___________________
          SCOTTSDALE, AZ 85257          ___________________
Business Phone:     (480)947-9909       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160115

DENISE ANN ROSS
GREENWAY VILLAGE COCKTAIL LOUNGE INC
GREENWAY VILLAGE COCKTAILS
27521 N 35TH AVE
PHOENIX AZ 85083

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070195         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DENISE ANN ROSS               ___________________
Location: GREENWAY VILLAGE COCKTAILS    ___________________
          3143 E GREENWAY RD            ___________________
          PHOENIX, AZ 85032             ___________________
Business Phone:     (602)971-5523       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160116

ANDREW PAUL MIRTICH
CHAMBER SIX LLC
CHAMBERS
1935 E COOLIDGE ST
PHOENIX AZ 85016

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070231         Renew? ______Yes_____No
Status:   Active           Status Date:     2/14/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREW PAUL MIRTICH           _________________
Location: CHAMBERS                      _________________
          705 N 1ST ST #100 &101        _________________
          PHOENIX, AZ 85004             _________________
Business Phone:     (602)296-5043       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160117

RANDY D NATIONS
GWE TEMPE LLC
GAMEWORKS
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070024         Renew? ______Yes_____No
Status:   Active           Status Date:     4/9/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               _________________
Location: GAMEWORKS                     _________________
          5000 S ARIZONA MILLS CIRCLE #669   __________________
          TEMPE, AZ 85282               _________________
Business Phone:     (480)839-4263       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160118

RANDY D NATIONS
73 DINING LLC
MINT
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070508         Renew? ______Yes_____No
Status:   Active           Status Date:     5/19/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: MINT                          ___________________
          7373 E CAMELBACK RD           ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)947-6468       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160119

LARRY CLAY PEDERSEN
L & D GROUP INC
CHARLEY'S PLACE
4324 W THUNDERBIRD RD
GLENDALE AZ 85306

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070503         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LARRY CLAY PEDERSEN           _________________
Location: CHARLEY'S PLACE               _________________
          4324 W THUNDERBIRD RD         _________________
          PHOENIX, AZ 85306             _________________
Business Phone:     (602)439-1668       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160120

SCOTT D KIMBALL
ALASKA AIRLINES INC
ALASKA AIRLINES
P O BOX 68900 SEAZL
SEATTLE WA 98168

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  08070005         Renew? ______Yes_____No
Status:   Active           Status Date:     2/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SCOTT D KIMBALL               ___________________
Location: ALASKA AIRLINES               ___________________
          3200 E SKY HARBOR BLVD        ___________________
          PHOENIX, AZ 85034             ___________________
Business Phone:     (206)392-5086       __________

Renewal Fees:
     License Renewal:                  225.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            295.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160121

ANDREA DAHLMAN LEWKOWITZ
SOUTH BRIDGE LLC
KELLY'S AT SOUTHBRIDGE
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070064         Renew? ______Yes_____No
Status:   Active           Status Date:     11/1/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: KELLY'S AT SOUTHBRIDGE        _________________
          7117 E 6TH AVE                _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (480)393-3205       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160122

FRANK MARIO ZANZUCCHI, JR.
METROPOLITAN BUSH CO
ESSEX
4139 W INDIAN SCHOOL RD
PHOENIX AZ 85019

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070543         Renew? ______Yes_____No
Status:   Active           Status Date:     5/1/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FRANK MARIO ZANZUCCHI, JR.    __________________
Location: ESSEX                         __________________
          4139 W INDIAN SCHOOL RD       __________________
          PHOENIX, AZ 85019             __________________
Business Phone:     (602)278-5555       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160123

SANDY L SUNDSTROM
GABBY'S
P O BOX 40524
MESA AZ 85274

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070622         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: GABBY'S                       _________________
          635 N COUNTRY CLUB DR         _________________
          MESA, AZ 85201                _________________
Business Phone:     (480)827-9776       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160124

HOPE DAVINA MILLER
MILLER JOHNSON LLC
GLASS HOUSE
5160 W NORTHERN AVE
GLENDALE AZ 85302

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070451         Renew? ______Yes_____No
Status:   Active           Status Date:     4/15/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HOPE DAVINA MILLER            _________________
Location: GLASS HOUSE                   _________________
          5160 W NORTHERN AVE           _________________
          GLENDALE, AZ 85302            _________________
Business Phone:     (623)594-8021       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160125

H J LEWKOWITZ
BLUE MARTINI PHOENIX LLC
BLUE MARTINI
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070710         Renew? ______Yes_____No
Status:   Active           Status Date:     1/9/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: BLUE MARTINI                  _________________
          5455 E HIGH ST #101           _________________
          PHOENIX, AZ 85054             _________________
Business Phone:     (480)638-2583       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160126

THERESA JUNE MORSE
RMK LLC
BLOOZE
530 E MCDOWELL RD STE 107-241
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070372         Renew? ______Yes_____No
Status:   Active           Status Date:     7/10/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            ___________________
Location: BLOOZE                        ___________________
          12014 N 32ND ST #1            ___________________
          PHOENIX, AZ 85028             ___________________
Business Phone:     (602)788-4574       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160127

LAUREN KAY MERRETT
FC GILBERT OPERATIONS LLC
FAT CATS ENTERTAINMENT CENTER
736 S LONGMORE ST
CHANDLER AZ 85296

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070798         Renew? ______Yes_____No
Status:   Active           Status Date:     6/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAUREN KAY MERRETT            ___________________
Location: FAT CATS ENTERTAINMENT CENTER ___________________
          4321 E BASELINE RD            ___________________
          GILBERT, AZ 85296             ___________________
Business Phone:     (480)689-3930       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160128

ANDREW TRAVERS
ERNIE'S INN
10443 N SCOTTSDALE RD
SCOTTSDALE AZ 85253

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070470         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: ERNIE'S INN                   _________________
          10443 N SCOTTSDALE RD         _________________
          SCOTTSDALE, AZ 85253          _________________
Business Phone:     (602)948-4422       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160129

ANDREA DAHLMAN LEWKOWITZ
BLUESTAR RESORT & GOLF LLC
TRILOGY AT VERDE RIVER
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070041         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: TRILOGY AT VERDE RIVER        ___________________
          28715 N VISTA VERDE DR        ___________________
          RIO VERDE, AZ 85263           ___________________
Business Phone:     (480)471-3232       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160130

H J LEWKOWITZ
THORSTAN CORP
JAY'S COCKTAIL LOUNGE
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070092         Renew? ______Yes_____No
Status:   Active           Status Date:     2/6/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: JAY'S COCKTAIL LOUNGE         ___________________
          3208 W INDIAN SCHOOL RD       ___________________
          PHOENIX, AZ 85017             ___________________
Business Phone:     (602)242-1150       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160131

KENNETH JOEL GOLDFINE
ZENITH ARIZONA LIQUORS INC
DAYS INN & SUITES SCOTTSDALE NORTH
2305 W SUPERIOR ST
DULUTH MN 55806

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070054         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KENNETH JOEL GOLDFINE         ___________________
Location: DAYS INN & SUITES SCOTTSDALE NORTH___________________
          7330 N PIMA RD                ___________________
          SCOTTSDALE, AZ 85258          ___________________
Business Phone:     (480)948-3800       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160132

MARK ROBERT VARGOVICH
INLAND OASIS GROUP INC
REEF
393 W WARNER RD SUITE 121-123
CHANDLER AZ 85225

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070535         Renew? ______Yes_____No
Status:   Active           Status Date:     10/1/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARK ROBERT VARGOVICH         _________________
Location: REEF                          _________________
          393 W WARNER AVE STE 121-124   __________________
          CHANDLER, AZ 85225            __________________
Business Phone:     (480)963-5520       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160133

JENNIFER ROSE DE SIMONE
7TH ST SPORTS BAR LLC
7TH ST SPORTS BAR
8820 N 15TH LN
PHOENIX AZ 85021

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070233         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JENNIFER ROSE DE SIMONE       _________________
Location: 7TH ST SPORTS BAR             _________________
          9521 N 7TH ST                 _________________
          PHOENIX, AZ 85020             _________________
Business Phone:     (602)795-0049       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160134

PAMELA SIAVELS PANOPOULOS
BASELINE SPORTS PUB LLC
BASELINE SPORTS PUB
1825 E BASELINE RD
TEMPE AZ 85283

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070336         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PAMELA SIAVELS PANOPOULOS     _________________
Location: BASELINE SPORTS PUB           _________________
          1825 E BASELINE RD #1         _________________
          TEMPE, AZ 85283               _________________
Business Phone:     (480)838-5883       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160135

JAMES J BAGINSKI
AMERICAN LEGION POST #138
AMERICAN LEGION POST #138
107 E BROADWAY RD
TEMPE AZ 85282

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14073063         Renew? ______Yes_____No
Status:   Active           Status Date:     3/19/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES J BAGINSKI              ___________________
Location: AMERICAN LEGION POST #138     ___________________
          107 E BROADWAY RD             ___________________
          TEMPE, AZ 85282               ___________________
Business Phone:     (480)966-3288       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160136

DOUGLAS LEE PESAVENTO
ROCK DM LLC
ROCK
4129 N 7TH AVE
PHOENIX AZ 85013

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070357         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DOUGLAS LEE PESAVENTO         _________________
Location: ROCK                          _________________
          4129 N 7TH AVE                _________________
          PHOENIX, AZ 85013             _________________
Business Phone:     (602)248-8559       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160137

KEMP MOORE ELLIS
SALT RIVER PROJECT EMPLOYEE'S RECREATIONAL ASSOCIATION INC
PERA CLUB
P O BOX 52025 PER200
PHOENIX AZ 85072

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070236         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEMP MOORE ELLIS              _________________
Location: PERA CLUB                     _________________
          1 E CONTINENTAL DR            _________________
          TEMPE, AZ 85281               _________________
Business Phone:     (602)236-5866       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160138

DOROTHEA LOUISE HALLE
SLINKEY LLC
DODEY'S BAR
7051 N 7TH ST
PHOENIX AZ 85020

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070201         Renew? ______Yes_____No
Status:   Active           Status Date:     1/15/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DOROTHEA LOUISE HALLE         _________________
Location: DODEY'S BAR                   _________________
          7051 N 7TH ST                 _________________
          PHOENIX, AZ 85020             _________________
Business Phone:     (602)944-9699       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160139

DONALD JACK CAMPBELL, JR.
DELTA AIR LINES INC
DELTA AIR LINES
PO BOX 45852
ALTLANTA GA 30320

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  08070012         Renew? ______Yes_____No
Status:   Active           Status Date:     2/15/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONALD JACK CAMPBELL, JR.     __________________
Location: DELTA AIR LINES               __________________
          3400 SKY HARBOR BLVD          __________________
          PHOENIX, AZ 85034             __________________
Business Phone:     (520)573-8063       __________

Renewal Fees:
     License Renewal:                  225.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            295.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160140

ALBERT FRANK KEEHN
FOUR KINGS INC
FOUR KINGS
5041 N 19TH AVE
PHOENIX AZ 85015

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070251         Renew? ______Yes_____No
Status:   Active           Status Date:     2/7/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALBERT FRANK KEEHN            ___________________
Location: FOUR KINGS                    ___________________
          5041 N 19TH AVE               ___________________
          PHOENIX, AZ 85015             ___________________
Business Phone:     (602)242-7629       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160141

ROBERT JOSEPH CORRITORE
RHYTHM ROOM LLC
RHYTHM ROOM
1019 E INDIAN SCHOOL RD
PHOENIX AZ 85014

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070161         Renew? ______Yes_____No
Status:   Active           Status Date:     2/11/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT JOSEPH CORRITORE       ___________________
Location: RHYTHM ROOM                   ___________________
          1019 E INDIAN SCHOOL RD       ___________________
          PHOENIX, AZ 85014             ___________________
Business Phone:     (602)264-7880       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160142

JERRY WAYNE PEARSON
DESERT FOOTHILLS EVENTS LLC
DESERT FOOTHILLS EVENTS
P O BOX 28351
SCOTTSDALE AZ 85255

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070382         Renew? ______Yes_____No
Status:   Active           Status Date:     7/19/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JERRY WAYNE PEARSON           _________________
Location: DESERT FOOTHILLS EVENTS       _________________
          20808 EAST BARTLETT LAKES RD BLDG A   __________________
          CAREFREE, AZ 85377            _________________
Business Phone:     (480)502-1215       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160143

RICHARD LEON HAZELWOOD
HAZELWOODS 1ST PLACE LLC
HAZELWOODS 1ST PLACE
3626 E INDIAN SCHOOL RD
PHOENIX AZ 85018

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070077         Renew? ______Yes_____No
Status:   Active           Status Date:     2/15/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD LEON HAZELWOOD        _________________
Location: HAZELWOODS 1ST PLACE          _________________
          3626 E INDIAN SCHOOL RD       _________________
          PHOENIX, AZ 85018             _________________
Business Phone:     (602)957-2462       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160144

MICHAEL CROCE
SURPRISE AZ AERIE #4534 FOE
SURPRISE AZ AERIE #4534 FOE
12425 W BELL RD STE #D100
SURPRISE AZ 85378

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14073067         Renew? ______Yes_____No
Status:   Active           Status Date:     1/10/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL  CROCE                _________________
Location: SURPRISE AZ AERIE #4534 FOE   _________________
          13410 W FOXFIRE DR #102       _________________
          SURPRISE, AZ 85378            _________________
Business Phone:     (623)584-1660       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00

-------------------------------------------------------------------------------
License#  14073074         Renew? ______Yes_____No
Status:   Active           Status Date:     3/17/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL  CROCE                _________________
Location: SURPRISE AZ AERIE #4534 FOE   _________________
          12425 W BELL RD STE# D100     _________________
          SURPRISE, AZ 85378            _________________
Business Phone:     (623)584-1660       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160145

JOHN CHRISTOPHER ROSENBLUTH
ANTHEM GOLF LLC
ANTHEM GOLF & COUNTRY CLUB
3030 LBJ FWY # 600
ATTN: LEGAL DEPT
DALLAS TX 75234

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070324         Renew? ______Yes_____No
Status:   Active           Status Date:     3/23/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN CHRISTOPHER ROSENBLUTH   __________________
Location: ANTHEM GOLF & COUNTRY CLUB    __________________
          2708 W ANTHEM CLUB DR         __________________
          ANTHEM, AZ 85086              __________________
Business Phone:     (623)742-6200       __________
```

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160146

MAURO ANTONIO RAMIREZ
MP & G BEVERAGE INC
BOSTON'S BAR & GRILLE
1730 E ELLIOT DR #11
TEMPE AZ 85284

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070340         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MAURO ANTONIO RAMIREZ         _________________
Location: BOSTON'S BAR & GRILLE         _________________
          1730 E ELLIOT RD #11          _________________
          TEMPE, AZ 85284               _________________
Business Phone:     (480)831-0822       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160147

MARGIE RAE GRIMH-GOFFIN
ARIZONA STEAMBOAT CRUISES INC
DOLLY STEAMBOAT
P.O. BOX 977
APACHE JUNCTION AZ 85217

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  08073014         Renew? ______Yes_____No
Status:   Active           Status Date:     3/29/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARGIE RAE GRIMH-GOFFIN       ___________________
Location: DOLLY STEAMBOAT               ___________________
          16802 NE HWY 88               ___________________
          TORTILLA FLAT, AZ 85290       ___________________
Business Phone:     (480)827-9144       __________

Renewal Fees:
     License Renewal:                  225.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            295.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160148

NICHOLAS CARL GUTTILLA
ARIZONA SPORTSERVICE INC
SCOTTSDALE BASEBALL
40 FOUNTAIN PLAZA
BUFFALO NY 14202

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06073508         Renew? ______Yes_____No
Status:   Active           Status Date:     2/5/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        ___________________
Location: SCOTTSDALE BASEBALL           ___________________
          7408 E OSBORN RD              ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)994-5088       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160149

THERESA JUNE MORSE
DOS DIABLOS LLC
LOS DIABLOS
530 E MCDOWELL RD STE#107-241
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070059         Renew? ______Yes_____No
Status:   Active           Status Date:     3/26/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            _________________
Location: LOS DIABLOS                   _________________
          1028 E INDIAN SCHOOL RD       _________________
          PHOENIX, AZ 85014             _________________
Business Phone:     (602)451-2130       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160150

CHARLES RICHARD BATES
JDM GOLF LLC
ARIZONA BILTMORE GOLF COURSES
2400 E MISSOURI AVE
PHOENIX AZ 85016

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070419         Renew? ______Yes_____No
Status:   Active           Status Date:     3/23/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHARLES RICHARD BATES         ___________________
Location: ARIZONA BILTMORE GOLF COURSES ___________________
          2400 E MISSOURI AVE           ___________________
          PHOENIX, AZ 85016             ___________________
Business Phone:     (602)955-2309       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160151

LENIE JOHNSON
CLOSING SOON SALOON LLC
CLOSING SOON SALOON
3056 N 68TH ST
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

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-------------------------------------------------------------------------------
License#  06070554         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LENIE  JOHNSON                _________________
Location: CLOSING SOON SALOON           _________________
          3056 N 68TH ST                _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (602)947-6778       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160152

ROBERT JAY TUREK
MOOSE LODGE #2243
MOOSE LODGE #2243
9550 W PEORIA AVE
PEORIA AZ 85345

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14071017         Renew? ______Yes_____No
Status:   Active           Status Date:     2/13/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT JAY TUREK              ___________________
Location: MOOSE LODGE #2243             ___________________
          9550 W PEORIA AVE             ___________________
          PEORIA, AZ 85345              ___________________
Business Phone:     (623)878-4940       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160153

MICHELLE RENEE CAVENDER
CONNOLLY'S SPORTS GRILL LLC
CONNOLLY'S SPORTS GRILL
2605 W CAREFREE HWY #140
PHOENIX AZ 85085

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070436         Renew? ______Yes_____No
Status:   Active           Status Date:     8/23/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHELLE RENEE CAVENDER       _________________
Location: CONNOLLY'S SPORTS GRILL       _________________
          2605 W CAREFREE HIGHWAY STE 140   __________________
          PHOENIX, AZ 85085             _________________
Business Phone:     (602)879-5997       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160154

DAVID ALLEN DRENTLAW
AMVETS POST 7
AMVETS POST 7
17030 E ENTERPRISE DR
FOUNTAIN HILLS AZ 85268

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14073047         Renew? ______Yes_____No
Status:   Active           Status Date:     2/15/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID ALLEN DRENTLAW          ___________________
Location: AMVETS POST 7                 ___________________
          17030 E ENTERPRISE DR         ___________________
          FOUNTAIN HILLS, AZ 85268      ___________________
Business Phone:     (480)837-9934       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160155

CHARLES WALDON MARTHALER
VIKING ENTERTAINMENT LLC
PALO VERDE LOUNGE
1015 W BROADWAY RD
TEMPE AZ 85282

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070155         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHARLES WALDON MARTHALER      _________________
Location: PALO VERDE LOUNGE             _________________
          1015 W BROADWAY RD            _________________
          TEMPE, AZ 85282               _________________
Business Phone:     (602)968-9221       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160156

RAYMOND WESLEY HERNDON
HANDLEBAR J INC
HANDLEBAR J RESTAURANT
7116 E BECKER
SCOTTSDALE AZ 85254

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070248         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RAYMOND WESLEY HERNDON        ___________________
Location: HANDLEBAR J RESTAURANT        ___________________
          7116 E BECKER LN              ___________________
          SCOTTSDALE, AZ 85254          ___________________
Business Phone:     (480)948-0110       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160157

MARCO ANTONIO MARTINEZ
CABO TEQUILA BAR LLC
CABO TEQUILA BAR
30 S ROBSON ST
MESA AZ 85202

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070271         Renew? ______Yes_____No
Status:   Active           Status Date:     3/20/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARCO ANTONIO MARTINEZ        ___________________
Location: CABO TEQUILA BAR              ___________________
          30 S ROBSON ST                ___________________
          MESA, AZ 85202                ___________________
Business Phone:     (480)969-1049       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160158

DOMINIC ANTHONY RICCOBONO
MAD DOG SALOON AZ LLC
MAD DOG SALOON
1860 S STAPLEY DR
MESA AZ 85204

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06075017         Renew? ______Yes_____No
Status:   Active           Status Date:     2/6/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DOMINIC ANTHONY RICCOBONO     ___________________
Location: MAD DOG SALOON                ___________________
          1860 S STAPLEY DR             ___________________
          MESA, AZ 85204                ___________________
Business Phone:     (480)813-5878       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160159

RICHARD CHARLES SKOOG
THIRSTY RIDER LLC
T T ROADHOUSE
2915 N 68TH ST
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070662         Renew? ______Yes_____No
Status:   Active           Status Date:     10/20/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD CHARLES SKOOG         ___________________
Location: T T ROADHOUSE                 ___________________
          2915 N 68TH ST                ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (602)990-9033       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160160

FELIX J CORONA
FELIX CORONA DEVELOPMENT INC
CORONA RANCH & RODEO GROUNDS
2066 W CAMBRIDGE
PHOENIX AZ 85009

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070126         Renew? ______Yes_____No
Status:   Active           Status Date:     9/22/1993
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FELIX J CORONA                _________________
Location: CORONA RANCH & RODEO GROUNDS  _________________
          7611 S 29TH AVE               _________________
          LAVEEN, AZ 85339              _________________
Business Phone:     (602)237-3303       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160161

JESUS MANUEL ALTAMIRANO
DHS ENTERPRISES LLC
PINK PONY
2733 N POWER RD #102-198
MESA AZ 85215

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070709         Renew? ______Yes_____No
Status:   Active           Status Date:     1/28/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESUS MANUEL ALTAMIRANO       _________________
Location: PINK PONY                     _________________
          3831 N SCOTTSDALE RD          _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (480)945-6697       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160162

ANDREA DAHLMAN LEWKOWITZ
LUCKY STRIKE PHOENIX LLC
LUCKY STRIKE LANES/GYPSY BAR
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06075009         Renew? ______Yes_____No
Status:   Active           Status Date:     11/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: LUCKY STRIKE LANES/GYPSY BAR  _________________
          50 W JEFFERSON ST #240        _________________
          PHOENIX, AZ 85003             _________________
Business Phone:     (480)947-7772       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160163

ROBERT ALLEN HICKS
BOB HICKS SEPTEMBERS INC
SEPTEMBERS BAR
500 W SOUTHERN AVE #12
MESA AZ 85210

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070220         Renew? ______Yes_____No
Status:   Active           Status Date:     9/30/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT ALLEN HICKS            ___________________
Location: SEPTEMBERS BAR                ___________________
          500 W SOUTHERN AVE  #12       ___________________
          MESA, AZ 85210                ___________________
Business Phone:     (480)969-5373       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160164

MARLA LOUISE STALLKNECHT
AMERICAN LEGION #26
AMERICAN LEGION #26
505 W 2ND AVE
MESA AZ 85210

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070101         Renew? ______Yes_____No
Status:   Active           Status Date:     7/21/1992
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARLA LOUISE STALLKNECHT      _________________
Location: AMERICAN LEGION #26           _________________
          505 W 2ND AVE                 _________________
          MESA, AZ 85210                _________________
Business Phone:     (480)834-9769       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160165

HOWARD JOSEPH HUGHES, II
SUS LLC
STAND UP SCOTTSDALE! COMEDY CLUB
6820 E 5TH AVE
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070016         Renew? ______Yes_____No
Status:   Active           Status Date:     7/31/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HOWARD JOSEPH HUGHES, II      _________________
Location: STAND UP SCOTTSDALE! COMEDY CLUB_________________
          6820 E 5TH AVE                _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (480)882-0730       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160166

ARTURO M PEREZ
AA PEREZ LLC
CACTUS JACK'S BAR & GRILL
4747 E ELLIOT RD #5
PHOENIX AZ 85044

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070239         Renew? ______Yes_____No
Status:   Active           Status Date:     7/17/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ARTURO M PEREZ                _________________
Location: CACTUS JACK'S BAR & GRILL     _________________
          4747 E ELLIOT RD #5           _________________
          PHOENIX, AZ 85044             _________________
Business Phone:     (480)753-4733       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160167

SERGIO EDWARD RAMOS
T - WEST INC
JT'S GRILL
4829 E INDIAN SCHOOL RD
PHOENIX AZ 85018

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070156         Renew? ______Yes_____No
Status:   Active           Status Date:     2/7/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SERGIO EDWARD RAMOS           ___________________
Location: JT'S GRILL                    ___________________
          4829 E INDIAN SCHOOL RD       ___________________
          PHOENIX, AZ 85018             ___________________
Business Phone:     (602)952-7046       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160168

DENNIS JOHN DELANEY
DELANEY ENTERPRISE LLC
JERSEY'S TAVERN & GRILL
5945 W RAY RD #13
CHANDLER AZ 85226

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070418         Renew? ______Yes_____No
Status:   Active           Status Date:     4/19/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DENNIS JOHN DELANEY           _________________
Location: JERSEY'S TAVERN & GRILL       _________________
          5945 W RAY RD #13             _________________
          CHANDLER, AZ 85226            _________________
Business Phone:     (480)705-9700       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160169

LORENA A CARBAJAL
SILVERADO NIGHT CLUB LLC
CLUB SILVERADO & RESTAURANT
6108 N 27TH AVE
PHOENIX AZ 85017

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070517         Renew? ______Yes_____No
Status:   Active           Status Date:     8/13/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LORENA A CARBAJAL             ___________________
Location: CLUB SILVERADO & RESTAURANT   ___________________
          6108 N 27TH AVE               ___________________
          PHOENIX, AZ 85017             ___________________
Business Phone:     (602)478-6759       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160170

KEITH ALEXANDER MAGELKY
MAGELKY ENTERPRISE INC
LAST STOP
3558 W NOTHERN AVE STE A
PHOENIX AZ 85051

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070484         Renew? ______Yes_____No
Status:   Pending          Status Date:     11/24/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEITH ALEXANDER MAGELKY       ___________________
Location: LAST STOP                     ___________________
          3558 W NORTHERN AVE STE A     ___________________
          PHOENIX, AZ 85051             ___________________
Business Phone:     (602)522-9999       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160171

LORENA A CARBAJAL
CARBAJAL ENTERPRISES LLC
SILVERADO CANTA BAR
4809 N 27TH AVE
PHOENIX AZ 85017

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070274         Renew? ______Yes_____No
Status:   Active           Status Date:     7/13/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LORENA A CARBAJAL             _________________
Location: SILVERADO CANTA BAR           _________________
          4809 N 27TH AVE               _________________
          PHOENIX, AZ 85017             _________________
Business Phone:     (602)336-8826       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160172

KIM MARIE ALLEN
CYPRESS LOUNGE LLC
KJ'S
5944 W BETHANY HOME RD
GLENDALE AZ 85301

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070167         Renew? ______Yes_____No
Status:   Active           Status Date:     5/29/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KIM MARIE ALLEN               ___________________
Location: KJ'S                          ___________________
          5944 W BETHANY HOME RD        ___________________
          GLENDALE, AZ 85301            ___________________
Business Phone:     (623)939-8709       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160173

JAMES FLOYD MC KEE
FOE #2843
FOE #2843
7575 N 67TH AVE
GLENDALE AZ 85301

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14073027         Renew? ______Yes_____No
Status:   Active           Status Date:     1/30/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES FLOYD MC KEE            _________________
Location: FOE #2843                     _________________
          7575 N 67TH AVE               _________________
          GLENDALE, AZ 85301            _________________
Business Phone:     (623)915-3600       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160174

JARED MICHAEL REPINSKI
FRANCHISE ENTERPRISES LLC
BLACK MOUNTAIN TAVERN & DISTILLERY
P O BOX 6252
CHANDLER AZ 85246

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070367         Renew? ______Yes_____No
Status:   Inactive         Status Date:     7/30/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARED MICHAEL REPINSKI        ___________________
Location: BLACK MOUNTAIN TAVERN & DISTILLERY___________________
          30855 N CAVE CREEK RD #140    ___________________
          CAVE CREEK, AZ 85331          ___________________
Business Phone:     (480)586-6044       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160175

ROBERT RAYMOND PFISTER
BIG NUGGET LTD
NUGGET
4130 N 83RD AVE STE 11
PHOENIX AZ 85033

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070634         Renew? ______Yes_____No
Status:   Active           Status Date:     9/17/1990
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT RAYMOND PFISTER        _________________
Location: NUGGET                        _________________
          4130 N 83RD AVE #11           _________________
          PHOENIX, AZ 85037             _________________
Business Phone:     (602)873-1118       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160176

PATRICIA RODRIGUEZ SERRANO
PSRODRIGUEZ LLC
OFFICE BAR
3501 N 43RD AVE
PHOENIX AZ 85031

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070654         Renew? ______Yes_____No
Status:   Active           Status Date:     10/17/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICIA RODRIGUEZ SERRANO    _________________
Location: OFFICE BAR                    _________________
          3501 N 43RD AVE               _________________
          PHOENIX, AZ 85031             _________________
Business Phone:     (602)233-1764       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160177

JAMES GREGORY BROWER
BROWER INC
COACH HOUSE TAVERN
7904 E CHAPARRAL RD #A110-485
SCOTTSDALE AZ 85250

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070076         Renew? ______Yes_____No
Status:   Active           Status Date:     2/14/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES GREGORY BROWER          _________________
Location: COACH HOUSE TAVERN            _________________
          7011 E INDIAN SCHOOL RD       _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (480)990-3433       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160178

TRAVIS WILLIAMS
V F W #1710
V F W #1710
1629 E JACKSON ST
PHOENIX AZ 85034

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14070108         Renew? ______Yes_____No
Status:   Active           Status Date:     2/20/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TRAVIS  WILLIAMS              ___________________
Location: V F W #1710                   ___________________
          1629 E JACKSON ST             ___________________
          PHOENIX, AZ 85034             ___________________
Business Phone:     (602)253-7894       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160179

THERESA JUNE MORSE
MECCA BAR LLC
MECCA BAR
35450 S GOLD ROCK CIR
WICKENBURG AZ 85390

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070446         Renew? ______Yes_____No
Status:   Active           Status Date:     9/11/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            ___________________
Location: MECCA BAR                     ___________________
          162 E WICKENBURG WAY          ___________________
          WICKENBURG, AZ 85390          ___________________
Business Phone:     (928)684-3527       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160180

RANDY D NATIONS
FLICKAS BAR & GRILL INC
FLICKAS BAJA CANTINA
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070560         Renew? ______Yes_____No
Status:   Active           Status Date:     5/21/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: FLICKAS BAJA CANTINA          ___________________
          2003 N SCOTTSDALE RD          ___________________
          SCOTTSDALE, AZ 85257          ___________________
Business Phone:     (480)945-3618       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160181

RANDY D NATIONS
ONE PINT LLC
TEMPLE BAR SPORTS GRILL
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070052         Renew? ______Yes_____No
Status:   Active           Status Date:     3/29/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               _________________
Location: TEMPLE BAR SPORTS GRILL       _________________
          17050 N THOMPSON PEAK PKWY #B125   __________________
          SCOTTSDALE, AZ 85255          _________________
Business Phone:     (480)429-4520       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160182

DYLAN RAY HATCH
HATCO CAMELBACK LLC
KAY'S PLACE
1401 E LA MIRADA DR
PHOENIX AZ 85042

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070298         Renew? ______Yes_____No
Status:   Active           Status Date:     10/16/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DYLAN RAY HATCH               ___________________
Location: KAY'S PLACE                   ___________________
          315 S ALMA SCHOOL RD          ___________________
          MESA, AZ 85210                ___________________
Business Phone:     (480)833-0961       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160183

H J LEWKOWITZ
CHRISTIE'S CABARET OF GLENDALE LLC
CHRISTIE'S CABARET
2600 N CENTRAL AVE SUITE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070612         Renew? ______Yes_____No
Status:   Inactive         Status Date:     7/9/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: CHRISTIE'S CABARET            ___________________
          6789 W NORTHERN AVE           ___________________
          GLENDALE, AZ 85303            ___________________
Business Phone:     (623)937-7465       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  06070640         Renew? ______Yes_____No
Status:   Active           Status Date:     11/27/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: CHRISTIE'S CABARET            ___________________
          6789 W NORTHERN AVE           ___________________
          GLENDALE, AZ 85303            ___________________
Business Phone:     (623)937-7465       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160184

RICHARD LEON HAZELWOOD
CELEBRITY THEATRE LLC
CELEBRITY THEATRE
402 N 32ND ST
PHOENIX AZ 85008

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070339         Renew? ______Yes_____No
Status:   Active           Status Date:     7/27/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD LEON HAZELWOOD        _________________
Location: CELEBRITY THEATRE             _________________
          440 N 32ND ST                 _________________
          PHOENIX, AZ 85008             _________________
Business Phone:     (602)267-1600       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160185

RANDY D NATIONS
JOJO TENDER LLC
JOLIE'S PLACE
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

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-------------------------------------------------------------------------------
License#  06070566         Renew? ______Yes_____No
Status:   Active           Status Date:     9/25/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: JOLIE'S PLACE                 ___________________
          140 W WARNER RD               ___________________
          CHANDLER, AZ 85225            ___________________
Business Phone:     (480)730-2675       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160186

RANDY D NATIONS
DADDY'S DDTK INC
TOSO'S SPORTS BAR & GRILL
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070047         Renew? ______Yes_____No
Status:   Active           Status Date:     7/2/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: TOSO'S SPORTS BAR & GRILL     ___________________
          2401 W UNION HILLS DR         ___________________
          PHOENIX, AZ 85027             ___________________
Business Phone:     (602)547-2770       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160187

MARK ALLEN BRADSHAW
HIDEAWAY CORP
HIDEAWAY GRILL
P O BOX 7824
CAVE CREEK AZ 85327

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070491         Renew? ______Yes_____No
Status:   Active           Status Date:     10/18/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARK ALLEN BRADSHAW           ___________________
Location: HIDEAWAY GRILL                ___________________
          6746 E CAVE CREEK RD #2       ___________________
          CAVE CREEK, AZ 85331          ___________________
Business Phone:     (480)595-0358       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160188

LYNN A JOHNSON MCGARRY
CLUB 24 LLC
ANVIL BAR
2424 E THOMAS RD
PHOENIX AZ 85016

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070574         Renew? ______Yes_____No
Status:   Active           Status Date:     2/17/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LYNN A JOHNSON MCGARRY        _________________
Location: ANVIL BAR                     _________________
          2424 E THOMAS RD              _________________
          PHOENIX, AZ 85016             _________________
Business Phone:     (602)334-1462       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160189

DAVID NOEL O'DONOGHUE
SILVERLEAF CLUB LLC
SILVERLEAF CLUB
7600 E DOUBLETREE RANCH RD #300
SCOTTSDALE AZ 85258

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14073031         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID NOEL O'DONOGHUE         ___________________
Location: SILVERLEAF CLUB               ___________________
          18701 N SILVERLEAF DR         ___________________
          SCOTTSDALE, AZ 85255          ___________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160190

TERRY F RAY
SPURR LOUNGE LLC
SPURR LOUNGE
3205 W MCNEIL
LAVEEN AZ 85339

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070680         Renew? ______Yes_____No
Status:   Active           Status Date:     6/26/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TERRY F RAY                   ___________________
Location: SPURR LOUNGE                  ___________________
          5535 W BASELINE RD            ___________________
          LAVEEN, AZ 85339              ___________________
Business Phone:     (602)237-3309       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160191

SANDRA VALENZUELA ERIVES
CITY OF PHOENIX
CAVE CREEK GOLF COURSE
200 W WASHINGTON ST 16TH FL
PHOENIX AZ 85003

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 05071002 Renew? _____Yes_____No
Status: Active Status Date: 2/12/1988
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SANDRA VALENZUELA ERIVES _____
Location: CAVE CREEK GOLF COURSE _____
15202 N 19TH AVE _____
PHOENIX, AZ 85023 _____
Business Phone: (602)375-1797 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

License# 05071005 Renew? _____Yes_____No
Status: Active Status Date: 11/7/1988
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SANDRA VALENZUELA ERIVES _____
Location: DESERT WEST SPORTS COMPLEX _____
6602 W ENCANTO BLVD _____
PHOENIX, AZ 85035 _____
Business Phone: (602)538-8062 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

License# 05071009 Renew? _____Yes_____No
Status: Active Status Date: 7/17/1989
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MARK JOSEPH METTES _____
Location: HERBERGER THEATER CENTER _____
222 E MONROE _____
PHOENIX, AZ 85004 _____
Business Phone: (602)254-7399 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

License# 05071010 Renew? _____Yes_____No
Status: Active Status Date: 9/29/1989
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SANDRA VALENZUELA ERIVES _____
Location: ROSE MOFFORD SPORTS COMPLEX _____
9833 N 25TH AVE _____
PHOENIX, AZ 85021 _____
Business Phone: (602)944-5320 _____

Renewal Fees:

License Renewal: 100.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 170.00

License# 05071011 Renew? _____Yes_____No
Status: Active Status Date: 2/1/1990
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SANDRA VALENZUELA ERIVES _____
Location: PAPAGO PARK SPORTS COMPLEX _____
6201 E OAK ST _____
PHOENIX, AZ 85008 _____
Business Phone: (602)291-0751 _____

Renewal Fees:
License Renewal: 100.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 170.00

License# 05071012 Renew? _____Yes_____No
Status: Active Status Date: 3/26/1990
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SANDRA VALENZUELA ERIVES _____
Location: HERITAGE & SCIENCE PARK _____
622 E ADAMS _____
PHOENIX, AZ 85004 _____
Business Phone: (602)254-0600 _____

Renewal Fees:
License Renewal: 100.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 170.00

License# 05071015 Renew? _____Yes_____No
Status: Active Status Date: 9/30/1992
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SANDRA VALENZUELA ERIVES _____
Location: ENCANTO GOLF COURSE RESTAURANT_____
2645 N 15TH AVE _____
PHOENIX, AZ 85007 _____
Business Phone: (602)241-9094 _____

Renewal Fees:
License Renewal: 100.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 170.00

License# 05073004 Renew? _____Yes_____No
Status: Active Status Date: 5/2/1997
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SANDRA VALENZUELA ERIVES _____
Location: ARIZONA SCIENCE CENTER _____
600 E WASHINGTON ST _____
PHOENIX, AZ 85004 _____
Business Phone: (602)716-2000 _____

Renewal Fees:
License Renewal: 100.00
ARS 4-209 K Sur-Charge: 35.00

ARS 4-209 L Sur-Charge: 35.00
Total: 170.00

License# 05073005 Renew? _____Yes_____No
Status: Active Status Date: 11/13/1997
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SANDRA VALENZUELA ERIVES _____
Location: MARYVALE BASEBALL PARK _____
3805 N 53RD AVE _____
PHOENIX, AZ 85031 _____
Business Phone: (623)247-6326 _____

Renewal Fees:
License Renewal: 100.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 170.00

License# 05073009 Renew? _____Yes_____No
Status: Active Status Date: 5/18/2000
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SANDRA VALENZUELA ERIVES _____
Location: AGUILA GOLF COURSE _____
7858 S 35TH AVE _____
PHOENIX, AZ 85339 _____
Business Phone: (602)237-0265 _____

Renewal Fees:
License Renewal: 100.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 170.00

License# 05073014 Renew? _____Yes_____No
Status: Active Status Date: 11/13/2003
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SANDRA VALENZUELA ERIVES _____
Location: HERITAGE SQUARE SILVA HOUSE _____
628 E ADAMS ST _____
PHOENIX, AZ 85004 _____
Business Phone: (602)256-0223 _____

Renewal Fees:
License Renewal: 100.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 170.00

License# 05073015 Renew? _____Yes_____No
Status: Active Status Date: 11/13/2003
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SANDRA VALENZUELA ERIVES _____
Location: HERITAGE SQUARE- BAIRD/THOMAS HOUSE_____
623 & 609 E ADAMS ST _____
PHOENIX, AZ 85004 _____
Business Phone: (602)258-8300 _____

Renewal Fees:
License Renewal: 100.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 170.00

License# 05073016 Renew? _____Yes_____No
Status: Active Status Date: 5/5/2004
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SANDRA VALENZUELA ERIVES _____
Location: IRISH CULTURAL CENTER _____
1106 N CENTRAL AVE _____
PHOENIX, AZ 85004 _____
Business Phone: (602)258-0109 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

License# 05073029 Renew? _____Yes_____No
Status: Active Status Date: 10/30/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SANDRA VALENZUELA ERIVES _____
Location: ENCANTO 9 GOLF SHOP _____
2300 N 17TH AVE _____
PHOENIX, AZ 85007 _____
Business Phone: (602)534-6204 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

License# 05073030 Renew? _____Yes_____No
Status: Active Status Date: 9/10/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SANDRA VALENZUELA ERIVES _____
Location: PALO VERDE GOLF COURSE _____
6215 N 15TH AVE _____
PHOENIX, AZ 85015 _____
Business Phone: (602)249-9930 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

License# 05073035 Renew? _____Yes_____No
Status: Active Status Date: 4/5/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SANDRA VALENZUELA ERIVES _____
Location: FAIR TRADE CAFE/ A E ENGLAND BUILDING_____
424 N CENTRAL AVE _____
PHOENIX, AZ 85003 _____
Business Phone: (602)253-6912 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

License# 05073036 Renew? _____Yes_____No
Status: Active Status Date: 3/26/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SANDRA VALENZUELA ERIVES _____
Location: JAPANESE FRIENDSHIP GARDEN OF PHOENIX_____
1125 N 3RD AVE _____
PHOENIX, AZ 85003 _____
Business Phone: (602)256-3204 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

License# 05073037 Renew? _____Yes_____No
Status: Active Status Date: 6/18/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SANDRA VALENZUELA ERIVES _____
Location: NINA MASON PULLIAM RIO SALADO AUDOBON CENTER_____
3131 S CENTRAL AVE _____
PHOENIX, AZ 85040 _____
Business Phone: (602)468-6470 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

License# 05073038 Renew? _____Yes_____No
Status: Active Status Date: 8/1/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SANDRA VALENZUELA ERIVES _____
Location: PHOENIX CENTER FOR THE ARTS _____
1202 N 3RD ST _____
PHOENIX, AZ 85004 _____
Business Phone: (602)254-3100 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies);

2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160192

LATANJA DANYELL LESHOURE
ALLEGIANT AIR LLC
ALLEGIANT AIR
8360 S DURANGO DR
LAS VEGAS NV 89113

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  08073017         Renew? ______Yes_____No
Status:   Active           Status Date:     3/18/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LATANJA DANYELL LESHOURE      _________________
Location: ALLEGIANT AIR                 _________________
          6229 S SOSSAMAN RD            _________________
          MESA, AZ 85212                _________________
Business Phone:     (702)478-1787       __________

Renewal Fees:
     License Renewal:                  225.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            295.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160193

ANDREA DAHLMAN LEWKOWITZ
90210 MANAGEMENT COMPANY LLC
ARIZONA BILTMORE RESORT & SPA
ATTN: FLAHERTY & O'HARA PC
610 SMITHFIELD ST STE 300
PITTSBURGH PA 15222

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070556         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: ARIZONA BILTMORE RESORT & SPA _________________
          2400 E MISSOURI AVE           _________________
          PHOENIX, AZ 85016             _________________
Business Phone:     (602)955-6600       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160194

DAVID MICHAEL KOENINGER
ROJO HOSPITALITY GROUP LLC
UNIVERSITY OF PHOENIX STADIUM
ONE CARDINALS DR
GLENDALE AZ 85305

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070691         Renew? ______Yes_____No
Status:   Active           Status Date:     9/24/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID MICHAEL KOENINGER       ___________________
Location: UNIVERSITY OF PHOENIX STADIUM ___________________
          ONE  CARDINALS DR             ___________________
          GLENDALE, AZ 85305            ___________________
Business Phone:     (623)433-7656       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160195

DALE WILLIAM HANSON
STINGERS DOUBLE D LLC
STINGER'S SPORTS BAR
20259 N 52 DR
GLENDALE AZ 85308

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06071004         Renew? ______Yes_____No
Status:   Active           Status Date:     12/24/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DALE WILLIAM HANSON           _________________
Location: STINGER'S SPORTS BAR          _________________
          10040 N 43RD AVE STE 1H       _________________
          GLENDALE, AZ 85302            _________________
Business Phone:     (623)937-1602       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160196

RANDY D NATIONS
KSSD LLC
AMBER INN COCKTAIL LOUNGE
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070631         Renew? ______Yes_____No
Status:   Active           Status Date:     7/25/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: AMBER INN COCKTAIL LOUNGE     ___________________
          4236 W DUNLAP AVE             ___________________
          PHOENIX, AZ 85051             ___________________
Business Phone:     (623)937-5869       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160197

ANDREA DAHLMAN LEWKOWITZ
BLACKSTONE COUNTRY CLUB
BLACKSTONE COUNTRY CLUB
12101 W BLACKSTONE DR
PEORIA AZ 85383

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14073039         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: BLACKSTONE COUNTRY CLUB       _________________
          12101 W BLACKSTONE DR         _________________
          PEORIA, AZ 85383              _________________
Business Phone:     (623)707-8700       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160198

PHILLIP BRUCE MARCUS
SHELBI'S ESTATE LLC
RUNNER'S SPORTS BAR
12751 W BELL RD STE 117
SURPRISE AZ 85378

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070657         Renew? ______Yes_____No
Status:   Active           Status Date:     10/14/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PHILLIP BRUCE MARCUS          _________________
Location: RUNNER'S SPORTS BAR           _________________
          12751 W  BELL RD STE 8-9      _________________
          SURPRISE, AZ 85378            _________________
Business Phone:     (623)583-7270       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160199

LORENA A CARBAJAL
BILLARES SILVERADO LLC
BILLARES SILVERADO
1612 E MCDOWELL RD
PHOENIX AZ 85008

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070013         Renew? ______Yes_____No
Status:   Active           Status Date:     7/23/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LORENA A CARBAJAL             ___________________
Location: BILLARES SILVERADO            ___________________
          1612 E MCDOWELL RD            ___________________
          PHOENIX, AZ 85006             ___________________
Business Phone:     (602)258-2075       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160200

ANDREA DAHLMAN LEWKOWITZ
HRI LODGING LLC
CROWNE PLAZA SAN MARCOS GOLF RESORT
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070352         Renew? ______Yes_____No
Status:   Active           Status Date:     5/16/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: CROWNE PLAZA SAN MARCOS GOLF RESORT_________________
          1 SAN MARCOS PL               _________________
          CHANDLER, AZ 85225            _________________
Business Phone:     (480)812-0900       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160201

CAROLYN VICTORIA DIEBOL
REX'S SALOON LLC
REX'S SALOON
24202 W HWY 85
BUCKEYE AZ 85326

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070332         Renew? ______Yes_____No
Status:   Active           Status Date:     6/6/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CAROLYN VICTORIA DIEBOL       _________________
Location: REX'S SALOON                  _________________
          24202 W HWY 85                _________________
          BUCKEYE, AZ 85326             _________________
Business Phone:     (623)386-2340       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160202

JAMES LAURENCE ZANZUCCHI
CREATIVE IMPACT INC
BANDAIDS SHOW LOUNGE
2548 N 7TH ST
PHOENIX AZ 85006

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070583         Renew? ______Yes_____No
Status:   Active           Status Date:     5/13/1992
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES LAURENCE ZANZUCCHI      _________________
Location: BANDAIDS SHOW LOUNGE          _________________
          2548 N 7TH ST                 _________________
          PHOENIX, AZ 85006             _________________
Business Phone:     (602)254-0811       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160203

RANDY D NATIONS
FOX & HOUND OF ARIZONA INC
FOX & HOUND PUB & GRILL
LAST CALL OPERATING CO I INC
1551 N WATERFRONT PKWY STE 310
WICHITA KS 67206

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070377         Renew? ______Yes_____No
Status:   Inactive         Status Date:     9/2/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: FOX & HOUND PUB & GRILL       ___________________
          1017 E BASELINE RD            ___________________
          GILBERT, AZ 85233             ___________________
Business Phone:     (480)507-2343       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160204

JIMMY FREDERICK MARLOW
SKYWEST AIRLINES INC
SKYWEST AIRLINES
444 S RIVER RD
SAINT GEORGE UT 84790

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  08073015         Renew? ______Yes_____No
Status:   Active           Status Date:     12/30/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JIMMY FREDERICK MARLOW        _________________
Location: SKYWEST AIRLINES              _________________
          3922 E AIR LANE #A            _________________
          PHOENIX, AZ 85034             _________________
Business Phone:     (602)220-9965       __________

Renewal Fees:
     License Renewal:                  225.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            295.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160205

RANDY D NATIONS
CONCERT PHOENIX LEGACY LLC
LEGACY GOLF RESORT
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070498         Renew? ______Yes_____No
Status:   Active           Status Date:     3/25/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: LEGACY GOLF RESORT            ___________________
          6808 S 32ND ST                ___________________
          PHOENIX, AZ 85042             ___________________
Business Phone:     (602)305-5500       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160206

TERRY LEON DAVIS
DAVIS & STEELE II LLC
LONGBRANCH SALOON
10600 W BUCKEYE
TOLLESON AZ 85353

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070373         Renew? ______Yes_____No
Status:   Active           Status Date:     3/25/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TERRY LEON DAVIS              _________________
Location: LONGBRANCH SALOON             _________________
          10600 W BUCKEYE RD            _________________
          TOLLESON, AZ 85353            _________________
Business Phone:     (602)936-1320       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160207

THERESA JUNE MORSE
SKY LOUNGE LLC
SKY LOUNGE
2553 W EL ALBA WAY
C/O MARTHA GIL
CHANDLER AZ 85224

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070125         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            _________________
Location: SKY LOUNGE                    _________________
          132 E WASHINGTON ST           _________________
          PHOENIX, AZ 85004             _________________
Business Phone:     (602)229-1110       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160208

ARTURO M PEREZ
PEREZ TEMPE LLC
LUCKY BREAK
1807 E BASELINE RD #101
TEMPE AZ 85283

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070609         Renew? ______Yes_____No
Status:   Active           Status Date:     7/1/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ARTURO M PEREZ                _________________
Location: LUCKY BREAK                   _________________
          1807 E BASELINE RD # 101      _________________
          TEMPE, AZ 85283               _________________
Business Phone:     (480)345-1000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160209

DON DRYSDALE DORAL
PLAYTIME LLC
OX SPORTSBAR
1807 E CAMPLBELL AVE
PHOENIX AZ 85016

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070512         Renew? ______Yes_____No
Status:   Inactive         Status Date:     8/7/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DON DRYSDALE DORAL            ___________________
Location: OX SPORTSBAR                  ___________________
          3209 E PINCHOT                ___________________
          PHOENIX, AZ 85018             ___________________
Business Phone:     (602)466-3673       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160210

TODD PAUL COLIN
JULEZ LLC
BAR 1
214 E FOOTHILL DR
PHOENIX AZ 85020

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070589         Renew? ______Yes_____No
Status:   Active           Status Date:     8/6/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TODD PAUL COLIN               ___________________
Location: BAR 1                         ___________________
          3702 N 16TH ST                ___________________
          PHOENIX, AZ 85016             ___________________
Business Phone:     (602)266-9001       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160211

CATHERINE M CARROLL
KITTY'S
2836 N 36TH ST
PHOENIX AZ 85008

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06071009         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: KITTY'S                       _________________
          2836 N 36TH ST                _________________
          PHOENIX, AZ 85008             _________________
Business Phone:     (602)957-9786       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160212

TIMOTHY RAYMOND O'SULLIVAN
KILLARNEY RESTAURANT COMPANY
R T O SULLIVANS
6646 E SUPERSTITION SPRINGS BLVD
MESA AZ 85206

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070026         Renew? ______Yes_____No
Status:   Active           Status Date:     12/1/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TIMOTHY RAYMOND O'SULLIVAN    _________________
Location: R T O SULLIVANS               _________________
          6646 E SUPERSTITION SPRINGS BLVD   __________________
          MESA, AZ 85206                _________________
Business Phone:     (480)396-9933       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160213

FRANK MARIO ZANZUCCHI, JR.
4716 INC
HI LITER
4716 N 12TH ST
PHOENIX AZ 85014

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070159         Renew? ______Yes_____No
Status:   Active           Status Date:     12/1/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FRANK MARIO ZANZUCCHI, JR.    __________________
Location: HI LITER                      __________________
          4716 N 12TH ST                __________________
          PHOENIX, AZ 85014             __________________
Business Phone:     (602)234-0128       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160214

ANDREA DAHLMAN LEWKOWITZ
HLT DOMESTIC OWNER LLC
EMBASSY SUITES HOTEL
610 SMITHFIELD ST STE 300
PITTSBURGH PA 15222

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070072         Renew? ______Yes_____No
Status:   Active           Status Date:     4/8/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: EMBASSY SUITES HOTEL          ___________________
          2333 E THOMAS RD              ___________________
          PHOENIX, AZ 85016             ___________________
Business Phone:     (602)957-1910       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160215

H J LEWKOWITZ
CALIZONA CAPITAL LLC
SIDEBAR
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070509         Renew? ______Yes_____No
Status:   Active           Status Date:     10/17/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: SIDEBAR                       _________________
          1514 N 7TH AVE                _________________
          PHOENIX, AZ 85007             _________________
Business Phone:     (602)254-1646       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160216

DAVID WAYNE JOHNSON
T P RACING LLLP
TURF PARADISE RACE TRACK
1501 W BELL RD
PHOENIX AZ 85023

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070110         Renew? ______Yes_____No
Status:   Active           Status Date:     2/20/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID WAYNE JOHNSON           ___________________
Location: TURF PARADISE RACE TRACK      ___________________
          1501 W BELL RD                ___________________
          PHOENIX, AZ 85023             ___________________
Business Phone:     (602)942-1101       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160217

DEL JON COCHRAN
GRAYHAWK GOLF LLC
GRAYHAWK GOLF CLUB
7377 E DOUBLETREE RANCH RD #100
SCOTTSDALE AZ 85258

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070406         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEL JON COCHRAN               ___________________
Location: GRAYHAWK GOLF CLUB            ___________________
          8620 E THOMPSON PEAK PKWY     ___________________
          SCOTTSDALE, AZ 85255          ___________________
Business Phone:     (480)502-1800       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160218

RANDY D NATIONS
VENUE OF SCOTTSDALE INC
VENUE OF SCOTTSDALE
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070578         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: VENUE OF SCOTTSDALE           ___________________
          7117 E 3RD AVE                ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)945-4438       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160219

ELLIOTT J GLASSER
ALL BALLS
6060 E THOMAS
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070122         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: ALL BALLS                     _________________
          2040 N SCOTTSDALE RD          _________________
          SCOTTSDALE, AZ 85257          _________________
Business Phone:     (480)945-0700       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160220

PATRICIA ANN MARTIN
VISTANA SCOTTSDALE DEVELOPMENT INC & VISTANA SCOTTSDALE MNGT
SHERATON'S DESERT OASIS
9002 SAN MARCO CT
ATTN: LEGAL DEPT
ORLANDO FL 32819

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070542         Renew? ______Yes_____No
Status:   Active           Status Date:     2/6/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICIA ANN MARTIN           ___________________
Location: SHERATON'S DESERT OASIS       ___________________
          17700 N HAYDEN RD             ___________________
          SCOTTSDALE, AZ 85255          ___________________
Business Phone:     (480)515-5888       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160221

GERRY DONALD HENDERSON
GHDH ENTERPRISES LLC
MICHELE'S
4228 W VAN BUREN ST
PHOENIX AZ 85009

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070243         Renew? ______Yes_____No
Status:   Active           Status Date:     5/21/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GERRY DONALD HENDERSON        ___________________
Location: MICHELE'S                     ___________________
          4228 W VAN BUREN ST           ___________________
          PHOENIX, AZ 85009             ___________________
Business Phone:     (605)354-7524       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160222

TIMOTHY PATRICK HERBST
WEST COAST SPORTS INC
CENTERFOLDS CABARET & SPORTS FEVER
2031 W PEORIA AVE
PHOENIX AZ 85029

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070417         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TIMOTHY PATRICK HERBST        _________________
Location: CENTERFOLDS CABARET & SPORTS FEVER_________________
          2031 W PEORIA AVE             _________________
          PHOENIX, AZ 85029             _________________
Business Phone:     (602)678-4664       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160223

MITCHELL WAYNE MALINSKI
SOUTHWEST RESTAURANT SYSTEMS INC
PINNACLE PEAK PATIO
10426 E JOMAX RD
SCOTTSDALE AZ 85262

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070180         Renew? ______Yes_____No
Status:   Inactive         Status Date:     9/1/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MITCHELL WAYNE MALINSKI       ___________________
Location: PINNACLE PEAK PATIO           ___________________
          10426 E JOMAX RD              ___________________
          SCOTTSDALE, AZ 85262          ___________________
Business Phone:     (602)585-1599       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160224

ANDREA DAHLMAN LEWKOWITZ
RELIANCE HOSPITALITY LLC
SHERATON CRESCENT
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070049         Renew? ______Yes_____No
Status:   Active           Status Date:     4/6/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: SHERATON CRESCENT             _________________
          2620 W DUNLAP AVE             _________________
          PHOENIX, AZ 85021             _________________
Business Phone:     (602)943-8200       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160225

ROBERT HENRY ROBINSON
WHITEY'S TAVERN INC
SNAP LOUNGE
1516 W CAMELBACK RD
PHOENIX AZ 85015

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070206         Renew? ______Yes_____No
Status:   Active           Status Date:     6/7/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT HENRY ROBINSON         ___________________
Location: SNAP LOUNGE                   ___________________
          1516 W CAMELBACK RD           ___________________
          PHOENIX, AZ 85015             ___________________
Business Phone:     (602)222-3551       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160226

ANDREA DAHLMAN LEWKOWITZ
STRAITJACKET LLC
REBEL LOUNGE
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070235         Renew? ______Yes_____No
Status:   Active           Status Date:     4/3/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: REBEL LOUNGE                  ___________________
          2303 E INDIAN SCHOOL RD       ___________________
          PHOENIX, AZ 85016             ___________________
Business Phone:     (602)296-7013       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160227

LISA MARIE DONALDSON
CROSSROADS B&G FAMILY LIMITED PARTNERSHIP
OASIS CROSSROADS BAR & GRILL
2929 W INDIAN SCHOOL RD
PHOENIX AZ 85017

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070281         Renew? ______Yes_____No
Status:   Inactive         Status Date:     12/23/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA MARIE DONALDSON          ___________________
Location: OASIS CROSSROADS BAR & GRILL  ___________________
          5030 W MCDOWELL RD #39        ___________________
          PHOENIX, AZ 85035             ___________________
Business Phone:     (602)900-4155       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160228

JARRED HYATT STETSER
JHS VENTURES LLC
DEVIL'S ADVOCATE BAR & GRILL
1054 E FAIRMONT DR
TEMPE AZ 85282

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070319         Renew? ______Yes_____No
Status:   Active           Status Date:     2/6/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARRED HYATT STETSER          ___________________
Location: DEVIL'S ADVOCATE BAR & GRILL  ___________________
          955 E UNIVERSITY              ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (480)236-4417       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160229

CHARLES ALLEN ROHLFING
Q BAR & GRILL LLC
Q BAR & GRILL
4216 W MARSHALL AVE
PHOENIX AZ 85019

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070095         Renew? ______Yes_____No
Status:   Active           Status Date:     10/30/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHARLES ALLEN ROHLFING        _________________
Location: Q BAR & GRILL                 _________________
          6750 W OLIVE AVE              _________________
          PEORIA, AZ 85345              _________________
Business Phone:     (623)979-9333       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160230

LOIS A RICHARDS
TALLYHO TAVERNS INC
TALLYHO COCKTAIL LOUNGE
8479 E MCDONALD DR
SCOTTSDALE AZ 85250

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070507         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LOIS A RICHARDS               ___________________
Location: TALLYHO COCKTAIL LOUNGE       ___________________
          8479 E MCDONALD DR            ___________________
          SCOTTSDALE, AZ 85250          ___________________
Business Phone:     (480)991-7538       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160231

TIMOTHY RAYMOND O'SULLIVAN
GLENCAR RESTAURANT LLC
RT O'SULLIVAN'S
6646 E SUPERSTITION SPRINGS BLVD
MESA AZ 85206

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070117         Renew? ______Yes_____No
Status:   Active           Status Date:     2/8/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TIMOTHY RAYMOND O'SULLIVAN    __________________
Location: RT O'SULLIVAN'S               __________________
          1610 S STAPLEY DR             __________________
          MESA, AZ 85204                __________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160232

PATRICIA KAY JACOBY
APJ ENTERPRISES INC
PATI'S PUB
12820 N 19TH AVE
PHOENIX AZ 85029

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070570         Renew? ______Yes_____No
Status:   Active           Status Date:     1/30/1992
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICIA KAY JACOBY           ___________________
Location: PATI'S PUB                    ___________________
          12820 N 19TH AVE              ___________________
          PHOENIX, AZ 85029             ___________________
Business Phone:     (602)943-7978       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160233

LAWRENCE EDWARD ELLIGET
MONKEY BUSINESS LTD
UNCLE MONKEY'S
P O BOX 13696
MESA AZ 85216

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070571         Renew? ______Yes_____No
Status:   Active           Status Date:     2/5/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAWRENCE EDWARD ELLIGET       _________________
Location: UNCLE MONKEY'S                _________________
          1720 W SOUTHERN AVE #C5       _________________
          MESA, AZ 85202                _________________
Business Phone:     (480)890-2276       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160234

DAVID EDWARD DELOS
DAVE'S DAM BAR LLC
DAVE'S ON NORTHERN
24410 N 58TH LN
GLENDALE AZ 85310

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070506         Renew? ______Yes_____No
Status:   Active           Status Date:     7/7/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID EDWARD DELOS            ___________________
Location: DAVE'S ON NORTHERN            ___________________
          2344 W NORTHERN AVE           ___________________
          PHOENIX, AZ 85021             ___________________
Business Phone:     (602)869-8157       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160235

DANIEL HENRY POUNDS
OLE BRASS RAIL INC
OLE BRASS RAIL
3738 E THOMAS RD
PHOENIX AZ 85018

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070673         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANIEL HENRY POUNDS           ___________________
Location: OLE BRASS RAIL                ___________________
          3738 E THOMAS RD              ___________________
          PHOENIX, AZ 85018             ___________________
Business Phone:     (602)956-1280       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160236

DUKE THE NGUYEN
D & L PHOENIX INC
ROXY SHOW GIRLS
5032 E WAGONER RD
SCOTTSDALE AZ 85254

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070799         Renew? ______Yes_____No
Status:   Pending          Status Date:     8/24/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DUKE THE NGUYEN               ___________________
Location: ROXY SHOW GIRLS               ___________________
          4516 N 19TH AVE               ___________________
          PHOENIX, AZ 85015             ___________________
Business Phone:     (602)930-7619       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160237

KEVIN BRETT BARESCO
KEBN'S INC
STRAY CAT BAR AND GRILL
2433 E UNIVERSITY DR
TEMPE AZ 85281

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070614         Renew? ______Yes_____No
Status:   Inactive         Status Date:     11/4/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN BRETT BARESCO           ___________________
Location: STRAY CAT BAR AND GRILL       ___________________
          2433 E UNIVERSITY DR          ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (480)967-1040       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160238

RUTH E VALLE
VALLE RUTH ET AL
MARISCOS LAS GLORIAS
5220 S CENTRAL AVE
PHOENIX AZ 85040

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070262         Renew? ______Yes_____No
Status:   Active           Status Date:     6/11/1992
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RUTH E VALLE                  ___________________
Location: MARISCOS LAS GLORIAS          ___________________
          5220 S CENTRAL AVE            ___________________
          PHOENIX, AZ 85040             ___________________
Business Phone:     (602)268-3053       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160239

VAUGHAN S HARMAN
WILD BUNCH INC
WILD HORSE WEST
8415 W CAREFREE HWY
PEORIA AZ 85382

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070322         Renew? ______Yes_____No
Status:   Active           Status Date:     4/17/1995
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VAUGHAN S HARMAN              ___________________
Location: WILD HORSE WEST               ___________________
          8415 W CAREFREE HWY           ___________________
          PEORIA, AZ 85383              ___________________
Business Phone:     (623)566-0740       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160240

SANDY LEE MURRAY
MURRAY'S COCKTAILS INC
MURRAY'S COCKTAILS
1111 W HATCHER RD
PHOENIX AZ 85021

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070441         Renew? ______Yes_____No
Status:   Active           Status Date:     2/10/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SANDY LEE MURRAY              _________________
Location: MURRAY'S COCKTAILS            _________________
          1111 W HATCHER RD             _________________
          PHOENIX, AZ 85021             _________________
Business Phone:     (602)997-7067       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160241

LAWRENCE EDWARD ELLIGET
FOUR HORSEMAN HOLDINGS LLC
CRABBY DON'S BAR AND GRILL
P O BOX 20882
MESA AZ 85277-0882

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070553         Renew? ______Yes_____No
Status:   Active           Status Date:     2/7/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAWRENCE EDWARD ELLIGET       _________________
Location: CRABBY DON'S BAR AND GRILL    _________________
          3861 E BASELINE RD #K139      _________________
          GILBERT, AZ 85234             _________________
Business Phone:     (480)558-7540       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160242

NARENDER K RAJU
THE PRESSROOM LLC
PRESSROOM
1820 W EASTMAN DR
ANTHEM AZ 85086

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070145         Renew? ______Yes_____No
Status:   Active           Status Date:     1/31/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NARENDER K RAJU               ___________________
Location: PRESSROOM                     ___________________
          441 W MADISON ST              ___________________
          PHOENIX, AZ 85003             ___________________
Business Phone:     (602)725-7797       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160243

KAREN A BOVARD
RAINBOW CACTUS LLC
RAINBOW CACTUS
9242 N 35TH DR
PHOENIX AZ 85051

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070355         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KAREN A BOVARD                _________________
Location: RAINBOW CACTUS                _________________
          15615 N CAVE CREEK RD         _________________
          PHOENIX, AZ 85032             _________________
Business Phone:     (602)971-1086       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160244

H J LEWKOWITZ
R P R CO LLC
GREASEWOOD FLAT
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070093         Renew? ______Yes_____No
Status:   Inactive         Status Date:     4/12/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: GREASEWOOD FLAT               ___________________
          27500 N ALMA SCHOOL PKWY      ___________________
          SCOTTSDALE, AZ 85262          ___________________
Business Phone:     (480)585-9430       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160245

KEVIN LEE TULLOCK
KEVIN TULLOCK LLC
OZ
1804 W BETHANY HOME RD
PHOENIX AZ 85015

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070381         Renew? ______Yes_____No
Status:   Active           Status Date:     1/11/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN LEE TULLOCK             _________________
Location: OZ                            _________________
          1804 W BETHANY HOME RD        _________________
          PHOENIX, AZ 85015             _________________
Business Phone:     (602)242-5114       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160246

ELIZABETH FRANCES RAPTIS
WER ESTABLISHMENTS INC
DELI SPORTS BAR
9635 W PEORIA AVE # 101
PEORIA AZ 85345

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070460         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ELIZABETH FRANCES RAPTIS      _________________
Location: DELI SPORTS BAR               _________________
          9635 W PEORIA AVE #101        _________________
          PEORIA, AZ 85345              _________________
Business Phone:     (623)979-5163       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160247

DAVID H NOKES, JR.
TWISTED PEACOCK
3108 E MCDOWELL RD
PHOENIX AZ 85008

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070006         Renew? ______Yes_____No
Status:   Active           Status Date:     7/20/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: TWISTED PEACOCK               _________________
          3108 E MCDOWELL RD            _________________
          PHOENIX, AZ 85008             _________________
Business Phone:     (602)267-8707       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160248

H J LEWKOWITZ
JAI DINING SERVICES (PHOENIX) INC
JAGUARS PHOENIX
2600 N CENTRAL AVE SUITE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070572         Renew? ______Yes_____No
Status:   Active           Status Date:     12/14/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: JAGUARS PHOENIX               ___________________
          1902 N BLACK CANYON HWY       ___________________
          PHOENIX, AZ 85009             ___________________
Business Phone:     (602)352-0240       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160249

EMMANUEL ALEXANDER TRIPODIS
BOXCAR LLC
ROGUE
423 N SCOTTSDALE RD
SCOTTSDALE AZ 85257

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070007         Renew? ______Yes_____No
Status:   Active           Status Date:     7/13/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EMMANUEL ALEXANDER TRIPODIS   __________________
Location: ROGUE                         __________________
          423 N SCOTTSDALE RD           __________________
          SCOTTSDALE, AZ 85257          __________________
Business Phone:     (480)947-3580       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160250

MAHENDRA RAOJIBHAI PATEL
PRINCE & PRINCESS ENTERPRISES LLC
MAGNUM'S CIGAR WINE LIQUOR EMPORIUM
P O BOX 26181
PHOENIX AZ 85068-6181

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070241         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MAHENDRA RAOJIBHAI PATEL      _________________
Location: MAGNUM'S CIGAR WINE LIQUOR EMPORIUM_________________
          731 E UNION HILLS DR #B9 B10 & B11   _________________
          PHOENIX, AZ 85024             _________________
Business Phone:     (602)493-8977       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160251

WANDA NEIL LEE
WG BARCORP INC
KAT'S
2716 E TURNEY AVE
PHOENIX AZ 85016

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070061         Renew? ______Yes_____No
Status:   Active           Status Date:     1/7/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WANDA NEIL LEE                _________________
Location: KAT'S                         _________________
          2309 E INDIAN SCHOOL RD       _________________
          PHOENIX, AZ 85016             _________________
Business Phone:     (602)957-2444       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160252

H J LEWKOWITZ
SOLSTICE MANAGEMENT GROUP LLC
MONARCH THEATRE
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070541         Renew? ______Yes_____No
Status:   Active           Status Date:     6/22/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: MONARCH THEATRE               _________________
          122 E WASHINGTON ST           _________________
          PHOENIX, AZ 85004             _________________
Business Phone:     (602)258-1830       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  06070641         Renew? ______Yes_____No
Status:   Active           Status Date:     6/22/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: BAR SMITH                     _________________
          130 E WASHINGTON ST           _________________
          PHOENIX, AZ 85004             _________________
Business Phone:     (602)229-1265       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160253

BOBBI MICHEALLE BROOKS
PST BAKERS INC
RANCHER BAR
2027 W WICKENBURG WAY
WICKENBURG AZ 85390

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070286         Renew? ______Yes_____No
Status:   Active           Status Date:     8/15/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BOBBI MICHEALLE BROOKS        ___________________
Location: RANCHER BAR                   ___________________
          910 W WICKENBURG WAY          ___________________
          WICKENBURG, AZ 85390          ___________________
Business Phone:     (928)684-5957       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160254

SHALEA RAE HEATHER
FOUNTAIN OF THE SUN COUNTRY CLUB INC
FOUNTAIN OF THE SUN COUNTRY CLUB
500 S 80TH ST
MESA AZ 85208

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14071007         Renew? ______Yes_____No
Status:   Active           Status Date:     7/31/1991
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SHALEA RAE HEATHER            ___________________
Location: FOUNTAIN OF THE SUN COUNTRY CLUB___________________
          8001 E BROADWAY RD PRO SHOP   ___________________
          MESA, AZ 85208                ___________________
Business Phone:     (602)986-3158       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160255

THERESA JUNE MORSE
MAT'S RNR ENTERPRISES LLC
DIRTY PELICAN GRILL
6718 W DEER VALLEY RD #101-104
GLENDALE AZ 85310

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070569         Renew? ______Yes_____No
Status:   Active           Status Date:     12/20/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            _________________
Location: DIRTY PELICAN GRILL           _________________
          6718 W DEER VALLEY RD #101-104   __________________
          GLENDALE, AZ 85310            _________________
Business Phone:     (623)566-0049       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160256

PERRY SHAWN BOLSTER
JESTER INC
PRANKSTER'S GAR & BRILL
1024 E BROADWAY RD
TEMPE AZ 85282

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070706         Renew? ______Yes_____No
Status:   Active           Status Date:     3/9/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PERRY SHAWN BOLSTER           ___________________
Location: PRANKSTER'S GAR & BRILL       ___________________
          1024 E BROADWAY               ___________________
          TEMPE, AZ 85282               ___________________
Business Phone:     (602)967-8875       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160257

ANDREA DAHLMAN LEWKOWITZ
HILTON WORLDWIDE INC
POINTE HILTON TAPATIO CLIFFS
FLAHERTY & O'HARA, P.C.
610 SMITHFIELD ST STE 300
PITTSBURGH PA 15222

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070409         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: POINTE HILTON TAPATIO CLIFFS  ___________________
          11111 N 7TH ST                ___________________
          PHOENIX, AZ 85020             ___________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  06070410         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: POINTE HILTON SQUAW PEAK RESORT____________________
          7677 N 16TH ST                ___________________
          PHOENIX, AZ 85020             ___________________
Business Phone:     (602)997-2626       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160258

LARRY FRANK FUSSY
FOOSEMAN ENTERPRISES LLC
TAILGATERS SPORTS BAR AND GRILL
6070 W BELL RD #107
GLENDALE AZ 85308

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070020         Renew? ______Yes_____No
Status:   Active           Status Date:     7/25/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LARRY FRANK FUSSY             ___________________
Location: TAILGATERS SPORTS BAR AND GRILL___________________
          6070 W BELL RD STE 107 & 108   ___________________
          GLENDALE, AZ 85308             ___________________
Business Phone:     (602)547-9366        __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160259

DAVEY STUART TANBERG, II
RIPS HOLDING COMPANY LLC
RIP'S
3045 N 16TH ST
PHOENIX AZ 85016

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070260         Renew? ______Yes_____No
Status:   Active           Status Date:     12/4/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVEY STUART TANBERG, II      _________________
Location: RIP'S                         _________________
          3045 N 16TH ST                _________________
          PHOENIX, AZ 85016             _________________
Business Phone:     (602)279-0831       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160260

MELVIN HENRY HARMS
V F W #3513
V F W #3513
7220 E WILSHIRE AVE
SCOTTSDALE AZ 85257

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14073010         Renew? ______Yes_____No
Status:   Active           Status Date:     2/9/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MELVIN HENRY HARMS            ___________________
Location: V F W #3513                   ___________________
          7220 E WILSHIRE               ___________________
          SCOTTSDALE, AZ 85257          ___________________
Business Phone:     (480)941-9849       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160261

RANDY D NATIONS
HANDLEBAR MILL AVENUE LLC
HANDLE BAR & GRILL
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070103         Renew? ______Yes_____No
Status:   Active           Status Date:     12/15/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: HANDLE BAR & GRILL            ___________________
          680 S MILL AVE #B1-109        ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (480)239-7114       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160262

GUDRUN EVANS
GUDRUN EVANS INC
CHANTILLY'S
717 W UNION HILLS # 6 & 7
PHOENIX AZ 85027

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070144         Renew? ______Yes_____No
Status:   Active           Status Date:     5/25/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GUDRUN  EVANS                 _________________
Location: CHANTILLY'S                   _________________
          717 W UNION HILLS # 6 & 7     _________________
          PHOENIX, AZ 85027             _________________
Business Phone:     (602)789-1417       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160263

HEIDI JO SMITH
HARVEY'S INC
HARVEY'S WINEBURGER
8527 W COLUMBINE DR
PEORIA AZ 85381

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070252         Renew? ______Yes_____No
Status:   Active           Status Date:     12/12/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HEIDI JO SMITH                _________________
Location: HARVEY'S WINEBURGER           _________________
          4812 N 16TH ST                _________________
          PHOENIX, AZ 85016             _________________
Business Phone:     (602)248-9950       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160264

RANDY D NATIONS
LIVEWIRE ARIZONA LLC
LIVEWIRE
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070371         Renew? ______Yes_____No
Status:   Active           Status Date:     12/1/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: LIVEWIRE                      ___________________
          7320 E INDIAN PLAZA           ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)970-6980       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160265

GREGORY T POYNER
SKIP & JAN'S SPORTS BAR INC
SKIP & JAN'S SPORTS BAR
1520 W WARNER RD
GILBERT AZ 85233

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070366         Renew? ______Yes_____No
Status:   Active           Status Date:     10/23/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GREGORY T POYNER              ___________________
Location: SKIP & JAN'S SPORTS BAR       ___________________
          1520 W WARNER RD              ___________________
          GILBERT, AZ 85233             ___________________
Business Phone:     (480)538-0100       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160266

CHARLOTTE E KARNOS
PROSPECT FINANCIAL INC
DOC & EDDY'S
909 E MINTON
TEMPE AZ 85282

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070613         Renew? ______Yes_____No
Status:   Active           Status Date:     2/1/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHARLOTTE E KARNOS            ___________________
Location: DOC & EDDY'S                  ___________________
          909 E MINTON                  ___________________
          TEMPE, AZ 85282               ___________________
Business Phone:     (480)831-0635       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160267

GREGORY SCOTT TRYGGESTAD
FIRST ARIZONA BAR LLC
MVP SPORTS BAR
6001 N 43RD AVE
PHOENIX AZ 85019

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070114         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GREGORY SCOTT TRYGGESTAD      ___________________
Location: MVP SPORTS BAR                ___________________
          6001 N 43RD AVE               ___________________
          PHOENIX, AZ 85019             ___________________
Business Phone:     (602)973-2018       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160268

ANDREA DAHLMAN LEWKOWITZ
BRINK PROPERTIES LLC
NEST
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070065         Renew? ______Yes_____No
Status:   Active           Status Date:     4/24/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: NEST                          _________________
          5134 N 95TH AVE               _________________
          GLENDALE, AZ 85305            _________________
Business Phone:     (623)418-4078       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160269

BLAIR CORDON DRIGGS
COMPLETELY INNOCENT LLC
CLUB LUXX
136 E WASHINGTON ST
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070390         Renew? ______Yes_____No
Status:   Active           Status Date:     11/17/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BLAIR CORDON DRIGGS           _________________
Location: CLUB LUXX                     _________________
          136 E WASHINGTON ST           _________________
          PHOENIX, AZ 85004             _________________
Business Phone:     (602)254-6782       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160270

ANDREA DAHLMAN LEWKOWITZ
PACIFIC PEARL HOTEL MGMT-PHOENIX LLC
HILTON GARDEN INN PHOENIX/MIDTOWN
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070223         Renew? ______Yes_____No
Status:   Active           Status Date:     8/20/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: HILTON GARDEN INN PHOENIX/MIDTOWN_________________
          4000 N CENTRAL AVE STE 120    _________________
          PHOENIX, AZ 85012             _________________
Business Phone:     (602)285-2925       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160271

CHRISTINE ANN WILKINSON
ARIZONA STATE UNIVERSITY
ASU ALUMNI ASSOCIATION
PO BOX 873702
TEMPE AZ 85287

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  05073034         Renew? ______Yes_____No
Status:   Active           Status Date:     4/25/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHRISTINE ANN WILKINSON       _________________
Location: ASU ALUMNI ASSOCIATION        _________________
          400 E TYLER MALL 2ND FL       _________________
          TEMPE, AZ 85287               _________________
Business Phone:     (480)965-2586       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160272

ANDREA DAHLMAN LEWKOWITZ
DOWNRIGHT MANAGER LLC
BEVERLY
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070179         Renew? ______Yes_____No
Status:   Active           Status Date:     10/28/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: BEVERLY                       _________________
          7018 E MAIN ST                _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (480)889-5580       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160273

RANDY D NATIONS
W A INC
MESA DRUMMER BAR & GRILL
1211 N COUNTRY CLUB DR STE 8
MESA AZ 85201

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070659         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: MESA DRUMMER BAR & GRILL      ___________________
          1211 N COUNTRY CLUB DR SUITE 9   ___________________
          MESA, AZ 85201                ___________________
Business Phone:     (602)834-6371       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160274

JAKE PHIL LUCERO
GLENDALE BOWLING AND ENTERTAINMENT LLC
GLENFAIR LANES
6110 N 59TH AVE
GLENDALE AZ 85301

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070458         Renew? ______Yes_____No
Status:   Active           Status Date:     7/14/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAKE PHIL LUCERO              _________________
Location: GLENFAIR LANES                _________________
          6110 N 59TH AVE               _________________
          GLENDALE, AZ 85301            _________________
Business Phone:     (623)937-9225       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160275

NANCY JO STEVENS
BTN LLC
PUB ROCK
8005 E ROOSEVELT
SCOTTSDALE AZ 85257

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070677         Renew? ______Yes_____No
Status:   Active           Status Date:     4/9/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NANCY JO STEVENS              ___________________
Location: PUB ROCK                      ___________________
          8005 E ROOSEVELT              ___________________
          SCOTTSDALE, AZ 85257          ___________________
Business Phone:     (480)945-4985       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160276

ANDREA DAHLMAN LEWKOWITZ
MARICOPA COUNTY MUNICIPAL WATER CONSERVATION DISTRICT #1
PLEASANT HARBOR MARINA/WATERFRONT GRILL
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070063         Renew? ______Yes_____No
Status:   Active           Status Date:     1/28/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: PLEASANT HARBOR MARINA/WATERFRONT GRILL_________________
          40202 N 87TH AVE              _________________
          PEORIA, AZ 85383              _________________
Business Phone:     (928)501-5266       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160277

DAVID ROBERT BRENNAN
B & B EATERIES INC
BRENNAN'S PUB & GRUB
3510 E BELL RD STE 6 & 7
PHOENIX AZ 85032

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070374         Renew? ______Yes_____No
Status:   Active           Status Date:     3/1/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID ROBERT BRENNAN          _________________
Location: BRENNAN'S PUB & GRUB          _________________
          3510 E BELL RD STE 6 & 7      _________________
          PHOENIX, AZ 85032             _________________
Business Phone:     (602)867-8106       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160278

RODNEY PETER HU
HUNIVERSITY PROPERTIES INC
YUCCA TAP ROOM
29 W SOUTHERN AVE
TEMPE AZ 85282

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070351         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RODNEY PETER HU               ___________________
Location: YUCCA TAP ROOM                ___________________
          29 W SOUTHERN AVE             ___________________
          TEMPE, AZ 85282               ___________________
Business Phone:     (480)967-4777       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160279

MICHAEL A PASTIAK
MICHAEL ANTHONY'S RESTAURANT INC
92 STREET CAFE
9160 E SHEA STE 113
SCOTTSDALE AZ 85258

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070473         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL A PASTIAK             _________________
Location: 92 STREET CAFE                _________________
          9160 E SHEA STE 113           _________________
          SCOTTSDALE, AZ 85260          _________________
Business Phone:     (602)860-4003       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160280

MARK A DESIMONE
FOGHORN INC
HUEY'S LOUNGE & GRILL
607 W OSBORN RD
PHOENIX AZ 85013

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070139         Renew? ______Yes_____No
Status:   Inactive         Status Date:     10/23/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARK A DESIMONE               ___________________
Location: HUEY'S LOUNGE & GRILL         ___________________
          607 W OSBORN RD               ___________________
          PHOENIX, AZ 85013             ___________________
Business Phone:     (602)279-0744       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160281

ANDREA DAHLMAN LEWKOWITZ
TANGO ENTERTAINMENT OF ARIZONA INC
DAVE & BUSTER'S
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070500         Renew? ______Yes_____No
Status:   Active           Status Date:     1/21/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: DAVE & BUSTER'S               _________________
          21001 N TATUM BLVD SIE 44-1400   __________________
          PHOENIX, AZ 85050             _________________
Business Phone:     (480)538-8956       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160282

CRAIG WM NORMAN
R N R STIX CORP
R N R STIX
6429 E MAIN ST
MESA AZ 85205

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070104         Renew? ______Yes_____No
Status:   Active           Status Date:     3/2/1995
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CRAIG WM NORMAN               ___________________
Location: R N R STIX                    ___________________
          6429 E MAIN ST                ___________________
          MESA, AZ 85205                ___________________
Business Phone:     (480)336-1168       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160283

DARVEL KENT HANSEN
FOUNTAIN HILLS CLUB
CLUB
17005 E ENTERPRISE DRIVE
FOUNTAIN HILLS AZ 85268

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14073036         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DARVEL KENT HANSEN            ___________________
Location: CLUB                          ___________________
          17005 E ENTERPRISE DR         ___________________
          FOUNTAIN HILLS, AZ 85268      ___________________
Business Phone:     (480)837-3375       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160284

TODD ERIC BOROWSKY
WISNOWSKI INC
SKIN CABARET
1137 NORTH SCOTTSDALE RD
SCOTTSDALE AZ 85257

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070607         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TODD ERIC BOROWSKY            ___________________
Location: SKIN CABARET                  ___________________
          1137 N SCOTTSDALE RD          ___________________
          SCOTTSDALE, AZ 85257          ___________________
Business Phone:     (480)425-7546       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160285

LEESA LYNN MONTAGUE
LTM HOLDINGS LLC
CHEERS TAVERN
3542 W MCARTHUR RD
PHOENIX AZ 85083

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070431         Renew? ______Yes_____No
Status:   Active           Status Date:     5/25/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LEESA LYNN MONTAGUE           _________________
Location: CHEERS TAVERN                 _________________
          5915 W BELL RD                _________________
          GLENDALE, AZ 85308            _________________
Business Phone:     (602)938-0104       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160286

LAUREN KAY MERRETT
LOCO PATRON LLC
LOCO PATRON
4228 N SCOTTSDALE RD
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070247         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAUREN KAY MERRETT            ___________________
Location: LOCO PATRON                   ___________________
          4228 N SCOTTSDALE RD          ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)874-0033       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160287

RANDY D NATIONS
SASSI RISTORANTE LLC
SASSI RISTORANTE
P.O. BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070379         Renew? ______Yes_____No
Status:   Active           Status Date:     2/1/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: SASSI RISTORANTE              ___________________
          10455 E PINNACLE PEAK PKWY    ___________________
          SCOTTSDALE, AZ 85255          ___________________
Business Phone:     (480)502-9095       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160288

THERESA JUNE MORSE
RB CLUB HOLDINGS LLC
PARIS NIGHTCLUB
530 E MCDOWELL RD STE 107-241
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070471         Renew? ______Yes_____No
Status:   Active           Status Date:     8/21/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            ___________________
Location: PARIS NIGHTCLUB               ___________________
          4280 N DRINKWATER BLVD #100   ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)429-5134       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160289

ERIC DOUGLAS WILLIAMS
INTERWESTERN MANAGEMENT CORPORATION
SMOKE TREE RESORT
7101 E LINCOLN DR
PARADISE VALLEY AZ 85253

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070014         Renew? ______Yes_____No
Status:   Active           Status Date:     10/20/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERIC DOUGLAS WILLIAMS         ___________________
Location: SMOKE TREE RESORT             ___________________
          7101 E LINCOLN DR             ___________________
          PARADISE VALLEY, AZ 85253     ___________________
Business Phone:     (480)948-7660       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160290

RANDY D NATIONS
AMPLIFIED HOSPITALITY GROUP INC
LOW KEY PIANO BAR
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070029         Renew? ______Yes_____No
Status:   Active           Status Date:     11/10/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: LOW KEY PIANO BAR             ___________________
          501 S MILL AVE B-101          ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (480)557-5595       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160291

H J LEWKOWITZ
SMASH LLC
MONROE'S SOCIAL HOUSE
2600 N CENTRAL AVE SUITE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070152         Renew? ______Yes_____No
Status:   Inactive         Status Date:     12/19/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: MONROE'S SOCIAL HOUSE         ___________________
          2017 N SCOTTSDALE RD          ___________________
          SCOTTSDALE, AZ 85257          ___________________
Business Phone:     (480)678-0556       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160292

JESUS MANUEL ALTAMIRANO
DG BASELINE LLC
DOS GRINGOS MEXIGRILL
2733 N POWER RD #102
MESA AZ 85215

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070198         Renew? ______Yes_____No
Status:   Active           Status Date:     12/29/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESUS MANUEL ALTAMIRANO       ___________________
Location: DOS GRINGOS MEXIGRILL         ___________________
          1958 S GREENFIELD RD          ___________________
          MESA, AZ 85206                ___________________
Business Phone:     (480)633-5525       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160293

RANDY D NATIONS
CLAYTON HOSPITALITY LLC
CLAYTON ON THE PARK
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070678         Renew? ______Yes_____No
Status:   Active           Status Date:     3/7/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: CLAYTON ON THE PARK           ___________________
          7343 SCOTTSDALE MALL #1       ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)941-2260       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160294

JESUS MANUEL ALTAMIRANO
DG WARNER LLC
DOS GRINGOS MEXIGRILLE
2733 N POWER RD STE 102
MESA AZ 85215

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06073005         Renew? ______Yes_____No
Status:   Active           Status Date:     12/22/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESUS MANUEL ALTAMIRANO       ___________________
Location: DOS GRINGOS MEXIGRILLE        ___________________
          1361 N ALMA SCHOOL RD         ___________________
          CHANDLER, AZ 85224            ___________________
Business Phone:     (480)855-3303       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160295

TERRY CHARLES OSBORN
FOE #3871
FOE #3871
3600 W ROSE GARDEN LN
GLENDALE AZ 85308

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14070091         Renew? ______Yes_____No
Status:   Active           Status Date:     2/5/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TERRY CHARLES OSBORN          ___________________
Location: FOE #3871                     ___________________
          3600 W ROSE GARDEN LN         ___________________
          GLENDALE, AZ 85308            ___________________
Business Phone:     (623)582-1024       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160296

JARED MICHAEL REPINSKI
RIO VERDE COUNTRY CLUB INC
RIO VERDE COUNTRY CLUB
P O BOX 6252
CHANDLER AZ 85246

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14071037         Renew? ______Yes_____No
Status:   Active           Status Date:     2/7/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARED MICHAEL REPINSKI        ___________________
Location: RIO VERDE COUNTRY CLUB        ___________________
          18731 E FOUR PEAKS BLVD       ___________________
          RIO VERDE, AZ 85263           ___________________
Business Phone:     (480)471-7010       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160297

STUART E KIRK
MCCORMICK RANCH GOLF CLUB INC
MCCORMICK RANCH GOLF CLUB
7505 MC CORMICK PKWY
SCOTTSDALE AZ 85258

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070187         Renew? ______Yes_____No
Status:   Active           Status Date:     2/5/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STUART E KIRK                 ___________________
Location: MCCORMICK RANCH GOLF CLUB     ___________________
          7505 MC CORMICK PKWY          ___________________
          SCOTTSDALE, AZ 85258          ___________________
Business Phone:     (480)998-3800       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160298

RYAN WITNER ANDERSON
FIRESIDE AT DESERT RIDGE COMMUNITY ASSOCIATION
FIRESIDE AT DESERT RIDGE
5415 E HIGH ST #200
C/O GUTTILLA MURPHY ANDERSON
PHOENIX AZ 85054

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14073080         Renew? ______Yes_____No
Status:   Active           Status Date:     12/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RYAN WITNER ANDERSON          ___________________
Location: FIRESIDE AT DESERT RIDGE      ___________________
          3775 E LONE CACTUS DR         ___________________
          PHOENIX, AZ 85050             ___________________
Business Phone:     (480)203-2166       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160299

RUBEN RIVAS MAGALLANES
EL COYOTE SPORTS BAR
481 N ARIZONA AVE
CHANDLER AZ 85225

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070464         Renew? ______Yes_____No
Status:   Pending          Status Date:     10/5/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: EL COYOTE SPORTS BAR          _________________
          481 N ARIZONA AVE             _________________
          CHANDLER, AZ 85225            _________________
Business Phone:     (602)899-2848       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160300

RANDY D NATIONS
MVLLH LLC
MOON VALLEY COUNTRY CLUB
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070082         Renew? ______Yes_____No
Status:   Active           Status Date:     12/9/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: MOON VALLEY COUNTRY CLUB      ___________________
          151 W MOON VALLEY DR          ___________________
          PHOENIX, AZ 85023             ___________________
Business Phone:     (602)942-0000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160301

RANDY D NATIONS
PUBLIC HOUSE II LLC
WORLD OF BEER GILBERT
P O BOX 2502
CHANDLER AZ 85701

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070462         Renew? ______Yes_____No
Status:   Active           Status Date:     10/8/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               _________________
Location: WORLD OF BEER GILBERT         _________________
          2224 E WILLIAMS FIELD RD #107   __________________
          GILBERT, AZ 85259             _________________
Business Phone:     (480)282-9500       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160302

MICHAEL JACE FIELD
4251 LLC
MR HANEY'S
7756 EAST THIRD ST
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070608         Renew? ______Yes_____No
Status:   Active           Status Date:     11/8/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL JACE FIELD            _________________
Location: MR HANEY'S                    _________________
          5110 E MCDOWELL RD            _________________
          PHOENIX, AZ 85008             _________________
Business Phone:     (602)535-5695       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160303

NICHOLAS CARL GUTTILLA
TOPGOLF USA GILBERT LLC
TOPGOLF GILBERT
5415 E HIGH ST #200
C/O GUTTILLA MURPHY ANDERSON
PHOENIX AZ 85054

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070008         Renew? ______Yes_____No
Status:   Active           Status Date:     11/6/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        _________________
Location: TOPGOLF GILBERT               _________________
          1689 S SAN TAN VILLAGE PARKWAY   __________________
          GILBERT, AZ 85295             _________________
Business Phone:     (480)240-1282       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160304

H J LEWKOWITZ
GILA RIVER INDIAN COMMUNITY/SUN VALLEY MARINA DEVELOPEMENT
RAWHIDE WESTERN TOWN & STEAKHOUSE
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06070154 Renew? _____Yes_____No
Status: Active Status Date: 2/5/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: H J LEWKOWITZ _____
Location: RAWHIDE WESTERN TOWN & STEAKHOUSE_____
5700 W NORTH LOOP RD _____
CHANDLER, AZ 85226 _____
Business Phone: (480)502-5600 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070411 Renew? _____Yes_____No
Status: Active Status Date: 9/11/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: H J LEWKOWITZ _____
Location: SHERATON WILD HORSE PASS RESORT & SPA_____
5718 W NORTH LOOP RD _____
CHANDLER, AZ 85296 _____
Business Phone: (520)796-5389 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070593 Renew? _____Yes_____No
Status: Active Status Date: 10/14/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: FOUR POINTS BY SHERATON/TOKA STICKS GOLF COURSE_____
6850 + 6910 E WILLIAMS FIELD RD _____
MESA, AZ 85212 _____
Business Phone: (480)998-9405 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160305

DANIEL ALAN LUCIANO
MAX'S SPORTS & SIMULCAST WAGERING CENTER LLC
MAX'S
40 FOUNTAIN PLAZA
RENEE SARACKI
BUFFALO NY 14202

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070193         Renew? ______Yes_____No
Status:   Active           Status Date:     2/25/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANIEL ALAN LUCIANO           ___________________
Location: MAX'S                         ___________________
          6727 N 47TH AVE               ___________________
          GLENDALE, AZ 85301            ___________________
Business Phone:     (623)937-1671       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160306

ROBERT CARROLL FIELD
GILIGIN'S LLC
GILIGIN'S
4251 N WINFIELD SCOTT PLAZA
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070334         Renew? ______Yes_____No
Status:   Inactive         Status Date:     12/9/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT CARROLL FIELD          _________________
Location: GILIGIN'S                     _________________
          4251 N WINFIELD SCOTT PLAZA   _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (480)874-2264       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  06070493         Renew? ______Yes_____No
Status:   Active           Status Date:     12/9/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT CARROLL FIELD          _________________
Location: GILIGIN'S                     _________________
          4251 N WINFIELD SCOTT PLAZA   _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (480)874-2264       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160307

BARRY WAYNE JARRELL
ARIZONA EVENT CENTER LLC
ARIZONA EVENT CENTER
1300 S COUNTRY CLUB DR #105
MESA AZ 85210

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070028         Renew? ______Yes_____No
Status:   Active           Status Date:     11/21/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BARRY WAYNE JARRELL           ___________________
Location: ARIZONA EVENT CENTER          ___________________
          1300 S COUNTRY CLUB DR #105   ___________________
          MESA, AZ 85210                ___________________
Business Phone:     (480)772-2579       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160308

SHELBY LEE FUTCH
MASHIE LLC
CORTE BELLA GOLF CLUB
10601 N 56TH ST
SCOTTSDALE AZ 85254

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070229         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SHELBY LEE FUTCH              ___________________
Location: CORTE BELLA GOLF CLUB         ___________________
          22129 NORTH MISSION DR        ___________________
          SUN CITY WEST, AZ 85375       ___________________
Business Phone:     (623)556-8951       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160309

PATRICIA B FULLER
FIRST AVENUE LOUNGE & PATIO INCORPORATED
PATTIE'S FIRST AVE LOUNGE
7220 E1ST AVE
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070624         Renew? ______Yes_____No
Status:   Active           Status Date:     6/21/1994
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICIA B FULLER             ___________________
Location: PATTIE'S FIRST AVE LOUNGE     ___________________
          7220 E 1ST AVE                ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)990-0103       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160310

AMY S NATIONS
STAPLETON ENTERTAINMENT LLC
DIRTY BLONDE TAVERN
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070018         Renew? ______Yes_____No
Status:   Active           Status Date:     5/26/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AMY S NATIONS                 __________________
Location: DIRTY BLONDE TAVERN           __________________
          4929 W CHANDLER BLVD #12      __________________
          CHANDLER, AZ 85226            __________________
Business Phone:     (480)753-7175       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160311

DANNY YOUSIF
DANNY YALDO LLC
TIN TOP BAR & GRILL
2614 S WINTERSBURG RD
TONOPAH AZ 85354

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070505         Renew? ______Yes_____No
Status:   Active           Status Date:     8/23/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANNY  YOUSIF                 _________________
Location: TIN TOP BAR & GRILL           _________________
          37901 W SALOME HWY            _________________
          TONOPAH, AZ 85354             _________________
Business Phone:     (623)386-1501       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160312

JOHN LEIGHTON MC CORMICK
LEIGHTON STEELE LLC
CHOPPER JOHNS
2547 E INDIAN SCHOOL RD
PHOENIX AZ 85016

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070684         Renew? ______Yes_____No
Status:   Active           Status Date:     10/11/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN LEIGHTON MC CORMICK      _________________
Location: CHOPPER JOHNS                 _________________
          2547 E INDIAN SCHOOL RD       _________________
          PHOENIX, AZ 85016             _________________
Business Phone:     (602)955-0881       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160313

JESUS MANUEL ALTAMIRANO
COPPER CANYON GOLF CLUB LLC
COPPER CANYON GOLF CLUB
2733 N POWER RD STE 102
MESA AZ 85215

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070100         Renew? ______Yes_____No
Status:   Active           Status Date:     1/19/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESUS MANUEL ALTAMIRANO       ___________________
Location: COPPER CANYON GOLF CLUB       ___________________
          26577 W DESERT VISTA BLVD     ___________________
          BUCKEYE, AZ 85396             ___________________
Business Phone:     (928)252-6547       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160314

RANDY D NATIONS
D-4 INC
DIRTY DRUMMER
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070693         Renew? ______Yes_____No
Status:   Active           Status Date:     7/21/1994
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: DIRTY DRUMMER                 ___________________
          2303 N 44TH ST #8 & 9         ___________________
          PHOENIX, AZ 85008             ___________________
Business Phone:     (602)840-2726       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160315

JAMES GEORGE ROMESBURG
007 PUB LLC
007 PUB
4701 W ESCUDA DR
GLENDALE AZ 85308

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070666         Renew? ______Yes_____No
Status:   Active           Status Date:     1/7/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES GEORGE ROMESBURG        _________________
Location: 007 PUB                       _________________
          4330 W UNION HILLS #B-001     _________________
          GLENDALE, AZ 85308            _________________
Business Phone:     (623)580-4007       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160316

PETER J KASPERSKI
KASPERSKI MANAGEMENT INC
KAZIMIERZ WORLD WINE BAR
7137 E STETSON DRIVE
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070585         Renew? ______Yes_____No
Status:   Active           Status Date:     2/14/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PETER J KASPERSKI             ___________________
Location: KAZIMIERZ WORLD WINE BAR      ___________________
          7137 E STETSON DR             ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)946-3004       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160317

JOHN BRUCE LANGE
WESTERN HOST INC
WESTIN KIERLAND RESORT & SPA
15147 N SCOTTSDALE RD STE H-210
ATTN: JASON R CREED
SCOTTSDALE AZ 85254

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070314         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN BRUCE LANGE              ___________________
Location: WESTIN KIERLAND RESORT & SPA  ___________________
          15636 N CLUBGATE DR           ___________________
          SCOTTSDALE, AZ 85254          ___________________
Business Phone:     (480)624-1000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  06070700         Renew? ______Yes_____No
Status:   Active           Status Date:     2/15/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRADY FITZGERALD LAMAR        ___________________
Location: SHERATON PHOENIX DOWNTOWN HOTEL___________________
          340 N 3RD ST                  ___________________
          PHOENIX, AZ 85004             ___________________
Business Phone:     (602)253-0281       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160318

RANDY D NATIONS
AZ PUB GROUP LLC
ZUMA GRILL
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070353         Renew? ______Yes_____No
Status:   Active           Status Date:     9/19/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: ZUMA GRILL                    ___________________
          605 S MILL AVE                ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (480)941-5927       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160319

STEVEN JOHN DUNN
ROOSTERS COUNTRY
3731 E MAIN ST
MESA AZ 85205

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070138         Renew? ______Yes_____No
Status:   Active           Status Date:     10/21/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: ROOSTERS COUNTRY              _________________
          3731 E MAIN ST                _________________
          MESA, AZ 85205                _________________
Business Phone:     (480)985-4088       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160320

GREGORY S STRAWN
Q AND BREW LLC
Q & BREW
3400 S MILL AVE
TEMPE AZ 85282

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070668         Renew? ______Yes_____No
Status:   Active           Status Date:     4/21/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GREGORY S STRAWN              _________________
Location: Q & BREW                      _________________
          3400 S MILL AVE               _________________
          TEMPE, AZ 85282               _________________
Business Phone:     (480)968-3722       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160321

RANDY D NATIONS
WHISKEY ROW LLC
WHISKEY ROW
4425 N SADDLEBAG TRL #101
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070363         Renew? ______Yes_____No
Status:   Active           Status Date:     11/21/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               _________________
Location: WHISKEY ROW                   _________________
          4420 N SADDLEBAG TRL #105     _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (480)945-4200       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160322

BLAIR CORDON DRIGGS
STETSON DESERT PROJECT LLC
LE GIRLS CABARET
5151 E WASHINGTON
PHOENIX AZ 85034

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070305         Renew? ______Yes_____No
Status:   Active           Status Date:     11/6/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BLAIR CORDON DRIGGS           ___________________
Location: LE GIRLS CABARET              ___________________
          5151 E WASHINGTON             ___________________
          PHOENIX, AZ 85034             ___________________
Business Phone:     (602)244-8000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160323

RANDY D NATIONS
WRS WESTGATE LLC
WHISKEY ROSE SALOON
P O BOX 2502
CHANDLER AZ 85224

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070127         Renew? ______Yes_____No
Status:   Active           Status Date:     7/15/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: WHISKEY ROSE SALOON           ___________________
          6751 N SUNSET BLVD  #E110     ___________________
          GLENDALE, AZ 85305            ___________________
Business Phone:     (623)877-7673       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160324

H J LEWKOWITZ
PRECISION HOUSING DISTRIBUTOR LLC
T & A CABARET
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070123         Renew? ______Yes_____No
Status:   Active           Status Date:     11/18/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 __________________
Location: T & A CABARET                 __________________
          3420 S CENTRAL AVE            __________________
          PHOENIX, AZ 85040             __________________
Business Phone:     (602)769-2735       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160325

JOSEPH HUBAY DIES
TRIYAR ENTERTAINMENT SCOTTSDALE I LLC
W SCOTTSDALE
4501 N SCOTTSDALE RD STE 201
ATTN JASON CREED
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
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Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070071         Renew? ______Yes_____No
Status:   Active           Status Date:     12/5/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSEPH HUBAY DIES             _________________
Location: W SCOTTSDALE                  _________________
          7277 E CAMELBACK RD           _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (602)748-8888       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  06070203         Renew? ______Yes_____No
Status:   Active           Status Date:     3/24/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSEPH HUBAY DIES             _________________
Location: ALOFT TEMPE                   _________________
          951 E PLAYA DEL NORTE DR      _________________
          TEMPE, AZ 85281               _________________
Business Phone:     (480)621-3300       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160326

PHILLIP BRUCE MARCUS
MARCUS & LANE INC
PURPLE TURTLE #2
4105 N 51 AVE #157
PHOENIX AZ 85031

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070295         Renew? ______Yes_____No
Status:   Active           Status Date:     6/11/1996
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PHILLIP BRUCE MARCUS          ___________________
Location: PURPLE TURTLE #2              ___________________
          4105 N 51ST AVE #157          ___________________
          PHOENIX, AZ 85031             ___________________
Business Phone:     (623)247-3424       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160327

JEFFERY ALLEN RIGGS
JNJ VENTURES LLC
ROADRUNNER RESTAURANT & SALOON
515 E CAREFREE HWY #1191
PHOENIX AZ 85085

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070118         Renew? ______Yes_____No
Status:   Active           Status Date:     1/4/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFERY ALLEN RIGGS           ___________________
Location: ROADRUNNER RESTAURANT & SALOON___________________
          47801 N BLACK CANYON HWY      ___________________
          NEW RIVER, AZ 85087           ___________________
Business Phone:     (623)465-9903       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160328

KAREN DARLENE COMER
ROMAN'S COUNTY LINE LLC
ROMAN'S COUNTY LINE
10540 W INDIAN SCHOOL RD
PHOENIX AZ 85037

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
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☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06071005         Renew? ______Yes_____No
Status:   Active           Status Date:     11/15/1991
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KAREN DARLENE COMER           _________________
Location: ROMAN'S COUNTY LINE           _________________
          10540 W INDIAN SCHOOL RD      _________________
          PHOENIX, AZ 85037             _________________
Business Phone:     (623)877-8191       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160329

DOROTHEA LOUISE HALLE
STILETTO ENTERPRISES LLC
DODEY'S BAR
3114 E CACTUS RD
PHOENIX AZ 85032

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070605         Renew? ______Yes_____No
Status:   Active           Status Date:     1/20/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DOROTHEA LOUISE HALLE         _________________
Location: DODEY'S BAR                   _________________
          3114 E CACTUS RD              _________________
          PHOENIX, AZ 85032             _________________
Business Phone:     (602)404-2300       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160330

ANDREA DAHLMAN LEWKOWITZ
SOCIAL TAP SCOTTSDALE LLC
SOCIAL TAP
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070796         Renew? ______Yes_____No
Status:   Active           Status Date:     10/15/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: SOCIAL TAP                    _________________
          4312 N BROWN AVE              _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (480)947-4202       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160331

PAUL OSKAR FORDTNER
CHANDLER BOULEVARD LOUNGE INC
CHANDLER BOULEVARD LOUNGE
644 E CHANDLER BLVD
CHANDLER AZ 85225

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070590         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PAUL OSKAR FORDTNER           ___________________
Location: CHANDLER BOULEVARD LOUNGE     ___________________
          644 E CHANDLER BLVD           ___________________
          CHANDLER, AZ 85225            ___________________
Business Phone:     (480)963-4372       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160332

DON C CARSON
MELCAR INC
DON & CHARLIE'S AMERICAN RIB & CHOP HOUSE
7501 E CAMELBACK RD
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070707         Renew? ______Yes_____No
Status:   Active           Status Date:     2/10/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DON C CARSON                  _________________
Location: DON & CHARLIE'S AMERICAN RIB & CHOP HOUSE_________________
          7501 E CAMELBACK RD           _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (480)990-0900       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160333

SHELBY LEE FUTCH
TOUR TEK INC
LEGEND TRAIL GOLF COURSE
9462 E LEGENDARY LN
SCOTTSDALE AZ 85262

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070032         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SHELBY LEE FUTCH              ___________________
Location: LEGEND TRAIL GOLF COURSE      ___________________
          9462 E LEGENDARY LN           ___________________
          SCOTTSDALE, AZ 85262          ___________________
Business Phone:     (480)488-3445       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160334

ALEX WILLIAM MUNDY
ROCKBAR INC
ROCKBAR INC
4245 N CRAFTSMANS CT
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070449         Renew? ______Yes_____No
Status:   Active           Status Date:     10/28/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALEX WILLIAM MUNDY            ___________________
Location: ROCKBAR INC                   ___________________
          4245 N CRAFTSMANS CT          ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (602)478-3136       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160335

ZDENKO SPASOJEVIC
CHAMPION ENTERPRISES INC
CHAMPIONS SPORTS SALOON
2651 E CALLE DE FLORES
GILBERT AZ 85298

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070488         Renew? ______Yes_____No
Status:   Active           Status Date:     10/10/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ZDENKO  SPASOJEVIC            _________________
Location: CHAMPIONS SPORTS SALOON       _________________
          211 N GILBERT RD              _________________
          GILBERT, AZ 85234             _________________
Business Phone:     (602)545-9669       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160336

MICHAEL SAMUEL STEIN
M1 HOSPITALITY 1 LLC
TOASTED CORK
4333 N CIVIC CENTER PLAZA #110-A
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070720         Renew? ______Yes_____No
Status:   Active           Status Date:     2/6/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL SAMUEL STEIN          ___________________
Location: TOASTED CORK                  ___________________
          4301 N CIVIC CENTER PLAZA     ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)386-4588       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160337

JONATHAN GREGORY ARGENTINE
HOST INTERNATIONAL INC
HOST INTERNATIONAL
6905 ROCKLEDGE DR MS 7-1
BETHESDA MD 20817

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070151         Renew? ______Yes_____No
Status:   Active           Status Date:     2/7/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JONATHAN GREGORY ARGENTINE    ___________________
Location: HOST INTERNATIONAL            ___________________
          3400 SKY HARBOR BLVD          ___________________
          PHOENIX, AZ 85034             ___________________
Business Phone:     (602)275-1721       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  06070504         Renew? ______Yes_____No
Status:   Active           Status Date:     2/7/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JONATHAN GREGORY ARGENTINE    ___________________
Location: HOST INTERNATIONAL            ___________________
          3800 E SKY HARBOR BLVD        ___________________
          PHOENIX, AZ 85034             ___________________
Business Phone:     (602)275-1721       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160338

JOHN CHARLES UPSHAW
METRO SPORTZ LLC
METRO SPORTS BAR AND BILLIARDS
10402 N BLACK CANYON HWY
PHOENIX AZ 85051

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070202         Renew? ______Yes_____No
Status:   Active           Status Date:     6/12/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN CHARLES UPSHAW           ___________________
Location: METRO SPORTS BAR AND BILLIARDS_________________
          10402 N BLACK CANYON HWY      ___________________
          PHOENIX, AZ 85051             ___________________
Business Phone:     (602)997-5717       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160339

JAMES PAUL GRIFFIN
KJAY INC
LOFT AGAIN
15015 N CAVE CREEK RD
PHOENIX AZ 85032

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070618         Renew? ______Yes_____No
Status:   Active           Status Date:     8/9/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES PAUL GRIFFIN            _________________
Location: LOFT AGAIN                    _________________
          15015 N CAVE CREEK RD         _________________
          PHOENIX, AZ 85032             _________________
Business Phone:     (602)482-3130       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160340

RANDY D NATIONS
TAVERN AMERICANA LLC
TAVERN AMERICANA
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070664         Renew? ______Yes_____No
Status:   Active           Status Date:     1/17/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: TAVERN AMERICANA              ___________________
          20469 N HAYDEN RD             ___________________
          SCOTTSDALE, AZ 85255          ___________________
Business Phone:     (480)436-8107       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160341

MARK STEPHEN CLARKE
C & C INVESTMENT GROUP LLC
BLEACHERS SPORTS GRILL
15410 S MOUNTAIN PARKWAY #109
PHOENIX AZ 85044

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070300         Renew? ______Yes_____No
Status:   Active           Status Date:     6/15/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARK STEPHEN CLARKE           ___________________
Location: BLEACHERS SPORTS GRILL        ___________________
          15410 S MOUNTAIN PKWY #109    ___________________
          PHOENIX, AZ 85044             ___________________
Business Phone:     (480)759-4034       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160342

PHILIP JESSE GREEN, SR.
OB SPORTS GOLF MANAGEMENT (SY) LLC
MCDOWELL MOUNTAIN
7025 E GREENWAY PKWY #550
SCOTTSDALE AZ 85254

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070030         Renew? ______Yes_____No
Status:   Active           Status Date:     9/29/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PHILIP JESSE GREEN, SR.       _________________
Location: MCDOWELL MOUNTAIN             _________________
          10690 E SHEENA DR             _________________
          SCOTTSDALE, AZ 85255          _________________
Business Phone:     (480)502-8200       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160343

JAY CHRISTOPHER POWELL
MESA TRI-CITY NO 3468 FRATERNAL ORDER OF EAGLES INC
F O E MESA TRI-CITY # 3468
1712 W BROADWAY RD # 108
MESA AZ 85202

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14073068         Renew? ______Yes_____No
Status:   Active           Status Date:     1/3/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAY CHRISTOPHER POWELL        _________________
Location: F O E MESA TRI-CITY # 3468    _________________
          1712 W BROADWAY RD #108       _________________
          MESA, AZ 85202                _________________
Business Phone:     (480)967-7948       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160344

TENILLE AMOR ANAYA
TED LLC
RICHARD NOGGINS TAVERN
21936 W TONTO ST
BUCKEYE AZ 85326

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070031         Renew? ______Yes_____No
Status:   Active           Status Date:     8/28/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TENILLE AMOR ANAYA            ___________________
Location: RICHARD NOGGINS TAVERN        ___________________
          4725 W OLIVE AVE              ___________________
          GLENDALE, AZ 85302            ___________________
Business Phone:     (623)931-3607       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160345

MARIA DEL CARME GONZALES
EVRC INVESTMENTS LLC
ESTRELLA VISTA RECEPTION CENTER
1471 N ELISEO FELIX JR WAY
AVONDALE AZ 85323

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070278         Renew? ______Yes_____No
Status:   Active           Status Date:     6/2/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARIA DEL CARME  GONZALES     ___________________
Location: ESTRELLA VISTA RECEPTION CENTER___________________
          1471 N ELISEO FELIX JR WAY    ___________________
          AVONDALE, AZ 85323            ___________________
Business Phone:     (623)932-4455       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160346

CHERI RENAE MASON
FLIGHT LINE LLC
WILD BILL'S SALOON
6840 N 27TH AVE
PHOENIX AZ 85017

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070472         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHERI RENAE MASON             _________________
Location: WILD BILL'S SALOON            _________________
          6840 N 27TH AVE               _________________
          PHOENIX, AZ 85017             _________________
Business Phone:     (602)242-2345       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160347

HUGH EDWARD EDGMON
TROON BEVERAGES INC
ROCKS CLUB
15044 N SCOTTSDALE RD STE 300
SCOTTSDALE AZ 85254

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14073033         Renew? ______Yes_____No
Status:   Active           Status Date:     3/20/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HUGH EDWARD EDGMON            ___________________
Location: ROCKS CLUB                    ___________________
          27440 N ALMA SCHOOL PARKWAY   ___________________
          SCOTTSDALE, AZ 85262          ___________________
Business Phone:     (480)889-8101       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160348

STEPHEN FRANK ENGLISH
JUPE'S ENGLISH INC
JUPE'S
2655 W GUADALUPE RD #32
MESA AZ 85202

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070157         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEPHEN FRANK ENGLISH         _________________
Location: JUPE'S                        _________________
          2655 W GUADALUPE RD #32       _________________
          MESA, AZ 85202                _________________
Business Phone:     (480)897-1006       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160349

ANDREA DAHLMAN LEWKOWITZ
SCOTTSDALE NATIONAL GOLF CLUB LLC
SCOTTSDALE NATIONAL GOLF CLUB
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14073072         Renew? ______Yes_____No
Status:   Active           Status Date:     11/18/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: SCOTTSDALE NATIONAL GOLF CLUB ___________________
          29001 N 122ND ST              ___________________
          SCOTTSDALE, AZ 85262          ___________________
Business Phone:     (480)443-8868       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160350

CONCEPCION PONCE ZARATE
PACHANGA DISCO
4434 N 19TH AVE
PHOENIX AZ 85015

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070089         Renew? ______Yes_____No
Status:   Active           Status Date:     9/20/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: PACHANGA DISCO                _________________
          4434 N 19TH AVE               _________________
          PHOENIX, AZ 85015             _________________
Business Phone:     (602)471-5476       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160351

RAMON MICHEL DIAZ
FUNNY FARM LOUNGE INC
FUNNY FARM LOUNGE
4270 W THOMAS RD
PHOENIX AZ 85019

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070113         Renew? ______Yes_____No
Status:   Active           Status Date:     3/7/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RAMON MICHEL DIAZ             ___________________
Location: FUNNY FARM LOUNGE             ___________________
          4270 W THOMAS RD              ___________________
          PHOENIX, AZ 85019             ___________________
Business Phone:     (602)269-0686       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160352

NICHOLAS CARL GUTTILLA
GLENDALE SPORTSERVICE LLC
GLENDALE SPRING TRAINING FACILITY
40 FOUNTAIN PLAZA
BUFFALO NY 14206

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070347         Renew? ______Yes_____No
Status:   Active           Status Date:     9/24/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        ___________________
Location: GLENDALE SPRING TRAINING FACILITY___________________
          10710 W CAMELBACK RD          ___________________
          PHOENIX, AZ 85037             ___________________
Business Phone:     (623)877-8585       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160353

SAMUEL RODRIGUEZ CONTRERAS
MALACHI LLC
CLUB SANTA FE
6036 W AVALON DR
PHOENIX AZ 85033

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070227         Renew? ______Yes_____No
Status:   Active           Status Date:     2/19/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SAMUEL RODRIGUEZ CONTRERAS    __________________
Location: CLUB SANTA FE                 __________________
          10907 W BUCKEYE RD            __________________
          CASHION, AZ 85329             __________________
Business Phone:     (602)936-9141       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160354

RANDY D NATIONS
FORT MCDOWELL YAVAPAI NATION
FORT MCDOWELL ADVENTURES
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070405         Renew? ______Yes_____No
Status:   Active           Status Date:     4/9/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: FORT MCDOWELL ADVENTURES      ___________________
          14803 N HIAWATHA HOOD RD      ___________________
          FORT MCDOWELL, AZ 85264       ___________________
Business Phone:     (480)816-6465       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  06070435         Renew? ______Yes_____No
Status:   Active           Status Date:     6/29/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: WEKOPA RESORT & CONFERENCE CENTER___________________
          10424 N FORT MCDOWELL RD      ___________________
          FORT MCDOWELL, AZ 85264       ___________________
Business Phone:     (480)837-1424       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160355

KIMBERLY SUE KOLACEK
KIM DAR ENTERPRISES INC
G BAR G LOUNGE
5324 E MAIN STREET
MESA AZ 85205

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070192         Renew? ______Yes_____No
Status:   Active           Status Date:     8/12/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KIMBERLY SUE KOLACEK          _________________
Location: G BAR G LOUNGE                _________________
          5324 E MAIN ST                _________________
          MESA, AZ 85205                _________________
Business Phone:     (480)985-4381       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160356

ANDREA DAHLMAN LEWKOWITZ
VALLEY BAR MANAGER LLC
VALLEY BAR
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070048         Renew? ______Yes_____No
Status:   Active           Status Date:     12/22/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: VALLEY BAR                    _________________
          130 N CENTRAL AVE #B100       _________________
          PHOENIX, AZ 85004             _________________
Business Phone:     (602)716-2222       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160357

DEBORAH K BLEAN
SPECTRUM ENTERPRISES LLC
IRONWORKS
17233 N 45TH AVE
GLENDALE AZ 85308

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070602         Renew? ______Yes_____No
Status:   Active           Status Date:     4/6/1994
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEBORAH K BLEAN               ___________________
Location: IRONWORKS                     ___________________
          17233 N 45TH AVE              ___________________
          GLENDALE, AZ 85308            ___________________
Business Phone:     (602)843-0909       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160358

ASTOLFO MENDOZA SCOTT
FIREROCK GOLF & COUNTRY CLUB LLC
FIREROCK COUNTRY CLUB
16000 E FIREROCK COUNTRY CLUB DR
FOUNTAIN HILLS AZ 85268

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070610         Renew? ______Yes_____No
Status:   Active           Status Date:     11/14/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ASTOLFO  MENDOZA SCOTT        _________________
Location: FIREROCK COUNTRY CLUB         _________________
          16000 FIRE ROCK COUNTRY CLUB DR   __________________
          FOUNTAIN HILLS, AZ 85268      _________________
Business Phone:     (480)836-3438       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160359

HARDEEP S CHADHA
HAVANA CIGARS LLC
HAVANA CIGARS
4225 W FORTUNE DR STE 110
ANTHEM AZ 85086

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06073510         Renew? ______Yes_____No
Status:   Active           Status Date:     4/23/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HARDEEP S CHADHA              _________________
Location: HAVANA CIGARS                 _________________
          4225 W FORTUNE DR STE 110     _________________
          ANTHEM, AZ 85086              _________________
Business Phone:     (623)551-6431       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160360

ROBERT EUGENE KIRK
R & J PARTNERSHIP
KIRK'S KORNER SPORTS BAR & GRILL
10634 N 51ST AVE
GLENDALE AZ 85304

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070676         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT EUGENE KIRK            ___________________
Location: KIRK'S KORNER SPORTS BAR & GRILL___________________
          10634 N 51ST AVE              ___________________
          GLENDALE, AZ 85304            ___________________
Business Phone:     (623)878-9874       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160361

ANDREA DAHLMAN LEWKOWITZ
RED REVOLVER LLC
RED REVOLVER LOUNGE
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070695         Renew? ______Yes_____No
Status:   Active           Status Date:     12/30/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: RED REVOLVER LOUNGE           _________________
          7316 E STETSON DR #2          _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160362

ANDREA DAHLMAN LEWKOWITZ
AMERICAN MULTI-CINEMA INC
AMC THEATRES WESTGATE 20
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06070404 Renew? _____Yes_____No
Status: Active Status Date: 7/28/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: AMC THEATRES WESTGATE 20 _____
9400 W HANNA LN _____
GLENDALE, AZ 85305 _____
Business Phone: (623)772-1371 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070412 Renew? _____Yes_____No
Status: Active Status Date: 11/5/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: AMC THEATRES DESERT RIDGE #18 _____
21001 N TATUM BLVD STE 32 _____
PHOENIX, AZ 85050 _____
Business Phone: (480)606-0806 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070679 Renew? _____Yes_____No
Status: Active Status Date: 7/28/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: AMC THEATRES ARROWHEAD TOWNE CENTER 14_____
7700 W ARROWHEAD TOWNE CTR #1079 _____
GLENDALE, AZ 85308 _____
Business Phone: (623)487-1414 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160363

ELSA A CUEVAS
Z CLUB LLC
AQUA NIGHT CLUB
4311 N 18TH ST
PHOENIX AZ 85016

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070561         Renew? ______Yes_____No
Status:   Active           Status Date:     7/11/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ELSA A CUEVAS                 ___________________
Location: AQUA NIGHT CLUB               ___________________
          1730 E MCDOWELL RD            ___________________
          PHOENIX, AZ 85006             ___________________
Business Phone:     (602)718-9334       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160364

RANDY D NATIONS
MCFADDEN'S GLENDALE LLC
MCFADDEN'S RESTAURANT & SALOON
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070557         Renew? ______Yes_____No
Status:   Active           Status Date:     11/23/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: MCFADDEN'S RESTAURANT & SALOON___________________
          9425 W COYOTES BLVD BLDG H    ___________________
          GLENDALE, AZ 85305            ___________________
Business Phone:     (623)872-0022       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160365

H J LEWKOWITZ
OUT WEST VENTURES INC
CHRISTIE'S CABARET
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070413         Renew? ______Yes_____No
Status:   Inactive         Status Date:     7/9/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: CHRISTIE'S CABARET            ___________________
          1675 W BASELINE               ___________________
          GUADALUPE, AZ 85283           ___________________
Business Phone:     (480)456-1015       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  06070548         Renew? ______Yes_____No
Status:   Active           Status Date:     11/27/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: CHRISTIE'S CABARET            ___________________
          1675 W BASELINE               ___________________
          GUADALUPE, AZ 85283           ___________________
Business Phone:     (480)456-1015       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160366

KIMBERLY SUE O'DONNELL
KIMMYZ ON GREENWAY LLC
KIMMYZ ON GREENWAY
5930 W GREENWAY RD #27
GLENDALE AZ 85306

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06071011         Renew? ______Yes_____No
Status:   Active           Status Date:     2/19/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KIMBERLY SUE O'DONNELL        _________________
Location: KIMMYZ ON GREENWAY            _________________
          5930 W GREENWAY RD #27        _________________
          GLENDALE, AZ 85306            _________________
Business Phone:     (602)938-9330       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160367

LEONARD CASSIDY
BPOE #2656
BPOE #2656
6718 E AVALON ST
MESA AZ 85205

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070016         Renew? ______Yes_____No
Status:   Active           Status Date:     6/9/1992
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LEONARD  CASSIDY              _________________
Location: BPOE #2656                    _________________
          6718 E AVALON ST              _________________
          MESA, AZ 85205                _________________
Business Phone:     (480)981-3155       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160368

CLARE HOLLIE ABEL
HARKINS FASHION SQUARE LLC
HARKINS CAMELVIEW AT FASHION SQUARE
7511 E MCDONALD DR
SCOTTSDALE AZ 85250

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070392         Renew? ______Yes_____No
Status:   Active           Status Date:     12/1/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             ___________________
Location: HARKINS CAMELVIEW AT FASHION SQUARE___________________
          7014 E CAMELBACK RD STE 3A    ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)627-7777       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160369

LYNN A JOHNSON MCGARRY
CRUISIN SEVENTH LLC
CRUISIN SEVENTH
3702 N 7TH ST
PHOENIX AZ 85014

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070224         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LYNN A JOHNSON MCGARRY        _________________
Location: CRUISIN SEVENTH               _________________
          3702 N 7TH ST                 _________________
          PHOENIX, AZ 85014             _________________
Business Phone:     (602)212-9888       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160370

SCOTT WESLEY PRICE
MILL AVENUE TACOS LLC
C A S A / SUNBA
15 E 6TH ST
TEMPE AZ 85281

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070520         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SCOTT WESLEY PRICE            _________________
Location: C A S A / SUNBA               _________________
          15 E 6TH ST                   _________________
          TEMPE, AZ 85281               _________________
Business Phone:     (480)557-8226       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160371

JOSE DIEGO ESPINOZA
FUEGO BAR & GRILL CORPORATION
FUEGO BAR & GRILL
9118 W VAN BUREN
TOLLESON AZ 85353

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070096         Renew? ______Yes_____No
Status:   Active           Status Date:     2/5/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSE DIEGO ESPINOZA           _________________
Location: FUEGO BAR & GRILL             _________________
          9118 W VAN BUREN ST           _________________
          TOLLESON, AZ 85353            _________________
Business Phone:     (623)478-7300       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160372

LAURIE JO DOUTHIT
HTI2D LLC
BREAK ROOM BAR & GRILL
4729 E MCDOWELL RD
PHOENIX AZ 85008

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070264         Renew? ______Yes_____No
Status:   Active           Status Date:     7/3/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAURIE JO DOUTHIT             ___________________
Location: BREAK ROOM BAR & GRILL        ___________________
          4729 E MCDOWELL RD            ___________________
          PHOENIX, AZ 85008             ___________________
Business Phone:     (602)267-1010       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160373

RONETTA LYNN ANDERSEN
RONETTA ANDERSEN GROUP LLC
FINAL ROUND
5030 S MILL AVE # D-20
TEMPE AZ 85282

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070615         Renew? ______Yes_____No
Status:   Active           Status Date:     7/15/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RONETTA LYNN ANDERSEN         _________________
Location: FINAL ROUND                   _________________
          5030 S MILL AVE #D-20         _________________
          TEMPE, AZ 85282               _________________
Business Phone:     (480)456-3663       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160374

TINA MARI GRAHAM SPRINKLE
CABO SPORTS CAFE FAMILY ENTERTAINMENT LLC
CACTUS MOON SPORTS GRILL
1017 N DOBSON #101
MESA AZ 85201

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070147         Renew? ______Yes_____No
Status:   Active           Status Date:     2/8/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TINA MARI GRAHAM SPRINKLE     ___________________
Location: CACTUS MOON SPORTS GRILL      ___________________
          1017 N DOBSON #101            ___________________
          MESA, AZ 85201                ___________________
Business Phone:     (480)833-2226       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160375

IOANNIS PETER SPENTZOS
SOZTNEPS LLC
HOB NOB SPORTS GRILL
2128 E 10TH ST #2
TEMPE AZ 85281

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070350         Renew? ______Yes_____No
Status:   Active           Status Date:     9/29/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    IOANNIS PETER SPENTZOS        _________________
Location: HOB NOB SPORTS GRILL          _________________
          7200 W CHANDLER BLVD #14      _________________
          CHANDLER, AZ 85226            _________________
Business Phone:     (480)940-4745       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160376

KELLY O DUGAN
LEVY PREMIUM FOODSERVICE LIMITED PARTNERSHIP
GILA RIVER ARENA
980 N MICHIGAN AVE SUITE 400
CHICAGO IL 60611

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06070053 Renew? _____Yes_____No
Status: Active Status Date: 12/12/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KELLY O DUGAN _____
Location: GILA RIVER ARENA _____
9400 W MARYLAND AVE _____
GLENDALE, AZ 85305 _____
Business Phone: (623)772-3200 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070254 Renew? _____Yes_____No
Status: Active Status Date: 2/9/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KELLY O DUGAN _____
Location: COMERICA THEATRE _____
400 W WASHINGTON ST _____
PHOENIX, AZ 85003 _____
Business Phone: (602)379-2821 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070485 Renew? _____Yes_____No
Status: Active Status Date: 2/9/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KELLY O DUGAN _____
Location: CHASE FIELD _____
401 E JEFFERSON ST _____
PHOENIX, AZ 85004 _____
Business Phone: (602)379-2821 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070647 Renew? _____Yes_____No
Status: Active Status Date: 9/30/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KELLY O DUGAN _____
Location: GAME SEVEN GRILL _____
201 S 4TH ST _____
PHOENIX, AZ 85004 _____

Business Phone: (602)462-3800 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06071014 Renew? _____Yes_____No
Status: Active Status Date: 2/9/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KELLY O DUGAN _____
Location: TALKING STICK RESORT ARENA _____
201 E JEFFERSON _____
PHOENIX, AZ 85004 _____
Business Phone: (602)379-7703 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160377

DANIEL JAMES SENGSTOCK
MIRABEL GOLF CLUB INC
MIRABEL CLUB
37100 N MIRABEL CLUB DR
SCOTTSDALE AZ 85262

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070428         Renew? ______Yes_____No
Status:   Active           Status Date:     2/14/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANIEL JAMES SENGSTOCK        _________________
Location: MIRABEL CLUB                  _________________
          37100 N MIRABEL CLUB DR       _________________
          SCOTTSDALE, AZ 85262          _________________
Business Phone:     (480)437-1500       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160378

DANA A FISCHER
SOOPER HOOPER'S LLC
HOOPER'S PUB
5114 W NORTHERN AVE
GLENDALE AZ 85301

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070629         Renew? ______Yes_____No
Status:   Active           Status Date:     1/30/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANA A FISCHER                _________________
Location: HOOPER'S PUB                  _________________
          5114 W NORTHERN AVE           _________________
          GLENDALE, AZ 85301            _________________
Business Phone:     (623)931-2311       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160379

JOSEPH M SCOTT
TOP HAT RESTAURANT CORPORATION
PRANKSTERS TOO
7919 E THOMAS RD STE 102
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070002         Renew? ______Yes_____No
Status:   Active           Status Date:     11/4/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSEPH M SCOTT                _________________
Location: PRANKSTERS TOO                _________________
          7919 E THOMAS RD #102         _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (480)990-1114       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160380

ANDREA DAHLMAN LEWKOWITZ
ONE SWEET WORLD LLC
TEMPE IMPROV/COPPER BLUES
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070253         Renew? ______Yes_____No
Status:   Active           Status Date:     12/18/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: TEMPE IMPROV/COPPER BLUES     _________________
          930 E UNIVERSITY D1-201       _________________
          TEMPE, AZ 85281               _________________
Business Phone:     (480)921-9877       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160381

TRAVIS FRANCIS ASHBY
CITY OF SURPRISE
SURPRISE STADIUM
15850 N BULLARD AVE
SURPRISE AZ 85374

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  05073012         Renew? ______Yes_____No
Status:   Active           Status Date:     9/11/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TRAVIS FRANCIS ASHBY          ___________________
Location: SURPRISE STADIUM              ___________________
          15850 N BULLARD AVE           ___________________
          SURPRISE, AZ 85374            ___________________
Business Phone:     (623)222-2000       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00

-------------------------------------------------------------------------------
License#  05073025         Renew? ______Yes_____No
Status:   Active           Status Date:     12/26/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TRAVIS FRANCIS ASHBY          ___________________
Location: SURPRISE TENNIS AND RACQUET COMPLEX___________________
          14469 N PARADISE LN           ___________________
          SURPRISE, AZ 85374            ___________________
Business Phone:     (623)222-2000       __________

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

RA160382

ANTHONY JOSEPH D'ALESANDRO
KELDOR LLC
NU TOWNE SALOON
5002 E VAN BUREN ST
PHOENIX AZ 85008

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070492         Renew? ______Yes_____No
Status:   Active           Status Date:     2/7/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANTHONY JOSEPH D'ALESANDRO    _________________
Location: NU TOWNE SALOON               _________________
          5002 E VAN BUREN ST           _________________
          PHOENIX, AZ 85008             _________________
Business Phone:     (602)267-9959       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160383

JOHN WHEELER MEISSNER
SHAKERS SPORTS BAR AND GRILL LLC
SHAKERS SPORTS BAR AND GRILL
8040 E MCDOWELL RD
SCOTTSDALE AZ 85257

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070027         Renew? ______Yes_____No
Status:   Active           Status Date:     6/6/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN WHEELER MEISSNER         ___________________
Location: SHAKERS SPORTS BAR AND GRILL  ___________________
          8040 E MCDOWELL RD            ___________________
          SCOTTSDALE, AZ 85257          ___________________
Business Phone:     (480)272-6995       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160384

DAVID WILLIAM MC KENNEY, SR.
DLM ENTERTAINMENT LLC
PAPPY'S SPORTS BAR & GRILL
11801 N 19TH AVE #1,2,3
PHOENIX AZ 85029

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070105         Renew? ______Yes_____No
Status:   Active           Status Date:     1/7/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID WILLIAM MC KENNEY, SR.  __________________
Location: PAPPY'S SPORTS BAR & GRILL    __________________
          11801 N 19TH AVE #1,2,3       __________________
          PHOENIX, AZ 85029             __________________
Business Phone:     (602)944-4644       __________
```

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160385

THERESA JUNE MORSE
OCHOA LLC
NEW KAHLUAS
5106 N 51ST AVE
GLENDALE AZ 85301

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070107         Renew? ______Yes_____No
Status:   Active           Status Date:     6/18/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            ___________________
Location: NEW KAHLUAS                   ___________________
          5106 N 51ST AVE               ___________________
          GLENDALE, AZ 85301            ___________________
Business Phone:     (602)743-7907       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160386

RANDY D NATIONS
MILL AVE Q CO LLC
MILL CUE CLUB
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070230         Renew? ______Yes_____No
Status:   Active           Status Date:     7/15/1995
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               _________________
Location: MILL CUE CLUB                 _________________
          607 S MILL                    _________________
          TEMPE, AZ 85281               _________________
Business Phone:     (480)858-9017       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160387

THOMAS ROBERT DOROUGH
AMERICAN BAPTIST ESTATES INC
TERRACES
7550 N 16TH STREET
PHOENIX AZ 85020

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14073050         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS ROBERT DOROUGH         ___________________
Location: TERRACES                      ___________________
          7550 N 16TH STREET            ___________________
          PHOENIX, AZ 85020             ___________________
Business Phone:     (602)944-4455       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160388

LES ALAN HESTAND
NOTHING CREATIVE INC
WESTSIDE LES'S TOO
6616/6618 W OLIVE
GLENDALE AZ 85302

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070726         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LES ALAN HESTAND              _________________
Location: WESTSIDE LES'S TOO            _________________
          6616/6618 W OLIVE AVE         _________________
          GLENDALE, AZ 85302            _________________
Business Phone:     (623)939-8270       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160389

GARY LEE KUNESH, JR.
FAIRMONT HOTELS & RESORTS (US) INC
FAIRMONT SCOTTSDALE
7575 E PRINCESS DR
ATTN GENERAL MANAGER
SCOTTSDALE AZ 85255

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070426         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GARY LEE KUNESH, JR.          ___________________
Location: FAIRMONT SCOTTSDALE           ___________________
          7575 E PRINCESS DR            ___________________
          SCOTTSDALE, AZ 85255          ___________________
Business Phone:     (480)585-4848       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160390

RANDY D NATIONS
GLENDALE TEX MEX LLC
CALICO JACK'S
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070670         Renew? ______Yes_____No
Status:   Active           Status Date:     11/19/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: CALICO JACK'S                 ___________________
          6770 N SUNRISE BLVD #G109     ___________________
          GLENDALE, AZ 85305            ___________________
Business Phone:     (623)877-5225       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160391

JOSEPH R GROTTO
BABY MARIE'S LIMITED CO LLC
JOE'S GROTTO
13825 N 32TH ST STE 32
PHOENIX AZ 85022

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070056         Renew? ______Yes_____No
Status:   Active           Status Date:     2/9/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSEPH R GROTTO               ___________________
Location: JOE'S GROTTO                  ___________________
          13831 N 32ND ST STE #32       ___________________
          PHOENIX, AZ 85032             ___________________
Business Phone:     (602)992-1007       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160392

RANDY D NATIONS
SHA ENTERTAINMENT INC
SHOUT HOUSE
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070141         Renew? ______Yes_____No
Status:   Active           Status Date:     1/16/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: SHOUT HOUSE                   ___________________
          6770 N SUNRISE BLVD #207      ___________________
          GLENDALE, AZ 85305            ___________________
Business Phone:     (623)772-1500       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160393

JAMES W KLEVER
AFAF LLC
PLAZMA
4539 N 18TH DR
PHOENIX AZ 85015

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070650         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES W KLEVER                _________________
Location: PLAZMA                        _________________
          1560 E OSBORN                 _________________
          PHOENIX, AZ 85014             _________________
Business Phone:     (602)266-0477       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160394

H J LEWKOWITZ
CAFE SOLAZ LLC
KIVA CLUB & ALVEA SPA
2600 N CENTRAL AVE SUITE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070516         Renew? ______Yes_____No
Status:   Active           Status Date:     6/8/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: KIVA CLUB & ALVEA SPA         ___________________
          27980 N TRILOGHY BLVD E #102   ___________________
          PEORIA, AZ 85383              ___________________
Business Phone:     (623)215-6255       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160395

RANDY D NATIONS
7340 LLC
BOTTLED BLONDE
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070055         Renew? ______Yes_____No
Status:   Active           Status Date:     12/23/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: BOTTLED BLONDE                ___________________
          7340 E INDIAN PLAZA           ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)970-1112       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160396

ROBERT SALVATO, JR.
DME III LTD
BS WEST
P O BOX 569
SCOTTSDALE AZ 85252-0569

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070490         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT  SALVATO, JR.          _________________
Location: BS WEST                       _________________
          7125 E 5TH AVE #30            _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (602)945-9028       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160397

H J LEWKOWITZ
TEMPE UPSTAIRS INC
ROOFTOP LOUNGE + PATIO
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070510         Renew? ______Yes_____No
Status:   Active           Status Date:     2/6/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: ROOFTOP LOUNGE + PATIO        _________________
          501 S MILL AVE #301           _________________
          TEMPE, AZ 85281               _________________
Business Phone:     (480)970-3060       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160398

RANDY D NATIONS
HAROLD'S RESTAURANT CAVE CREEK LLC
HAROLD'S CAVE CREEK CORRAL
P O BOX 2502
CHANDLER AZ 85224

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070069         Renew? ______Yes_____No
Status:   Active           Status Date:     1/14/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: HAROLD'S CAVE CREEK CORRAL    ___________________
          6875 E CAVE CREEK RD          ___________________
          CAVE CREEK, AZ 85331          ___________________
Business Phone:     (480)488-1906       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160399

PARGAT SINGH BAJWA
AYZ LLC
JUS COUNTRY
12407 N 54TH AVE
GLENDALE AZ 85304

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070212         Renew? ______Yes_____No
Status:   Active           Status Date:     7/28/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PARGAT SINGH BAJWA            _________________
Location: JUS COUNTRY                   _________________
          4346 W OLIVE AVE              _________________
          GLENDALE, AZ 85302            _________________
Business Phone:     (623)934-1913       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160400

DIANE LORRAINE QUAN
SDQ GROUP LLC
HB HANRATTY'S PUB
537 E CAMELBACK RD
PHOENIX AZ 85012

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070358         Renew? ______Yes_____No
Status:   Active           Status Date:     8/17/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DIANE LORRAINE QUAN           _________________
Location: HB HANRATTY'S PUB             _________________
          537 E CAMELBACK RD            _________________
          PHOENIX, AZ 85012             _________________
Business Phone:     (602)274-3067       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160401

SHAREN MARIE SETKA
PLAYA II INC
PLAYA II
3217 E SHEA BLVD
PHOENIX AZ 85028

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070702         Renew? ______Yes_____No
Status:   Active           Status Date:     4/21/1992
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SHAREN MARIE SETKA            ___________________
Location: PLAYA II                      ___________________
          3217 E SHEA BLVD              ___________________
          PHOENIX, AZ 85028             ___________________
Business Phone:     (602)996-3653       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160402

JOHN RUSSEL FOURNIER
MOOSE LODGE #2078
MOOSE LODGE #2078
P O BOX 189
AVONDALE AZ 85323

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070001         Renew? ______Yes_____No
Status:   Active           Status Date:     7/22/1994
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN RUSSEL FOURNIER          ___________________
Location: MOOSE LODGE #2078             ___________________
          1572 S COTTON LN              ___________________
          GOODYEAR, AZ 85338            ___________________
Business Phone:     (602)932-4022       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160403

CLINT JASON WARRELL
SUN LAKES HOMEOWNERS' ASSOCIATION #1 INC
SUN LAKES HOMEOWNERS' ASSOCIATION #1
25601 N SUN LAKES BLVD
SUN LAKES AZ 85248

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070034         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLINT JASON WARRELL           ___________________
Location: SUN LAKES HOMEOWNERS' ASSOCIATION #1_________________
          25601 N SUN LAKES BLVD        ___________________
          SUN LAKES, AZ 85248           ___________________
Business Phone:     (480)895-9270       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160404

LINDA MARIE BADAMI
AMERICAN AIRLINES INC
AMERICAN AIRLINES
C/O FLAHERTY & O'HARA PC
610 SMITHFIELD ST STE 300
PITTSBURGH PA 15222

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  08070007         Renew? ______Yes_____No
Status:   Active           Status Date:     2/15/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LINDA MARIE BADAMI            _________________
Location: AMERICAN AIRLINES             _________________
          3400 E SKY HARBOR BLVD        _________________
          PHOENIX, AZ 85034             _________________
Business Phone:     (602)273-4909       __________

Renewal Fees:
     License Renewal:                  225.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            295.00

-------------------------------------------------------------------------------
License#  14073078         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LINDA MARIE BADAMI            _________________
Location: ADMIRALS CLUB                 _________________
          3800 E SKY HARBOR BLVD T4/N1,N2,N3   __________________
          PHOENIX, AZ 85034             _________________
Business Phone:     (480)693-3131       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160405

JARED MICHAEL REPINSKI
PERCH LLC
PERCH
P O BOX 6252
CHANDLER AZ 85246

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070316         Renew? ______Yes_____No
Status:   Active           Status Date:     11/27/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARED MICHAEL REPINSKI        _________________
Location: PERCH                         _________________
          232 S WALL ST                 _________________
          CHANDLER, AZ 85225            _________________
Business Phone:     (480)773-7688       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160406

SARAH LYNN MEREDITH
S & C MEREDITH LLC
ALAMO SALOON
11807 N SAGUARO BLVD
FOUNTAIN HILLS AZ 85268

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070452         Renew? ______Yes_____No
Status:   Active           Status Date:     11/17/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SARAH LYNN MEREDITH           _________________
Location: ALAMO SALOON                  _________________
          11807 N SAGUARO BLVD          _________________
          FOUNTAIN HILLS, AZ 85268      _________________
Business Phone:     (480)837-5699       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160407

DAVID DEARL REESE
AMF BOWLING CENTERS INC
AMF CHANDLER LANES
7313 BELL CREEK RD
MECHANICSVILLE VA 23111

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06070038 Renew? _____Yes_____No
Status: Active Status Date: 2/1/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DAVID DEARL REESE _____
Location: AMF CHANDLER LANES _____
1900 N ARIZONA AVE _____
CHANDLER, AZ 85224 _____
Business Phone: (480)963-0150 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070039 Renew? _____Yes_____No
Status: Active Status Date: 2/1/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DAVID DEARL REESE _____
Location: AMF TEMPE VILLAGE LANES _____
4407 S RURAL RD _____
TEMPE, AZ 85282 _____
Business Phone: (480)831-5322 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070040 Renew? _____Yes_____No
Status: Active Status Date: 2/1/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON WILLIAM HALL _____
Location: AMF DEER VALLEY LANES _____
2902 W THUNDERBIRD RD _____
PHOENIX, AZ 85053 _____
Business Phone: (602)866-1700 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070043 Renew? _____Yes_____No
Status: Active Status Date: 2/1/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON WILLIAM HALL _____
Location: AMF UNION HILLS LANES _____
3424 W UNION HILLS DR _____
PHOENIX, AZ 85027 _____

Business Phone: (623)581-1595 _____

Renewal Fees:
License Renewal: 150.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 250.00

License# 06070045 Renew? _____Yes_____No
Status: Active Status Date: 2/1/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON WILLIAM HALL _____
Location: AMF DESERT HILLS LANES _____
2959 E BELL RD _____
PHOENIX, AZ 85032 _____
Business Phone: (602)971-1105 _____

Renewal Fees:
License Renewal: 150.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 250.00

License# 06070257 Renew? _____Yes_____No
Status: Active Status Date: 2/1/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DAVID DEARL REESE _____
Location: AMF MC RAY PLAZA LANES _____
3825 W RAY RD _____
CHANDLER, AZ 85226 _____
Business Phone: (480)899-2171 _____

Renewal Fees:
License Renewal: 150.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 250.00

License# 06070465 Renew? _____Yes_____No
Status: Active Status Date: 2/11/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON WILLIAM HALL _____
Location: AMF PEORIA LANES _____
8475 W OLIVE AVE _____
PEORIA, AZ 85345 _____
Business Phone: (623)486-1496 _____

Renewal Fees:
License Renewal: 150.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 35.00
Total: 250.00

License# 06070708 Renew? _____Yes_____No
Status: Active Status Date: 2/1/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DAVID DEARL REESE _____
Location: AMF MESA LANES _____

2115 E SOUTHERN AVE _____
MESA, AZ 85203 _____
Business Phone: (480)926-0051 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070732 Renew? _____Yes_____No
Status: Active Status Date: 2/1/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON WILLIAM HALL _____
Location: AMF CHRISTOWN LANES _____
1919 W BETHANY HOME RD _____
PHOENIX, AZ 85015 _____
Business Phone: (602)249-1715 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070733 Renew? _____Yes_____No
Status: Active Status Date: 8/13/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON WILLIAM HALL _____
Location: AMF SCOTTSDALE LANES _____
7300 E THOMAS RD _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (480)946-5308 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as

indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160408

RANDY D NATIONS
CANYON GOLF LLC
GRAND CANYON UNIVERSITY GOLF COURSE
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070338         Renew? ______Yes_____No
Status:   Active           Status Date:     11/12/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: GRAND CANYON UNIVERSITY GOLF COURSE___________________
          5902 W INDIAN SCHOOL RD       ___________________
          PHOENIX, AZ 85033             ___________________
Business Phone:     (602)639-7500       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160409

GREGG THOMAS TROILO
TNT VENTURES LLC
BRITISH OPEN PUB & GRILL
1334 N SCOTTSDALE RD
SCOTTSDALE AZ 85257

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070346         Renew? ______Yes_____No
Status:   Active           Status Date:     11/9/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GREGG THOMAS TROILO           ___________________
Location: BRITISH OPEN PUB & GRILL      ___________________
          1334 N SCOTTSDALE RD          ___________________
          SCOTTSDALE, AZ 85257          ___________________
Business Phone:     (480)941-4195       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160410

JOHN DOUGLAS MARSTON
PLATIOUS FOOD & BEVERAGE LLC
WELL BAR AND LOUNGE
2623 N SCOTTSDALE RD
SCOTTSDALE AZ 85257

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070185         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN DOUGLAS MARSTON          ___________________
Location: WELL BAR AND LOUNGE           ___________________
          2623 N SCOTTSDALE RD          ___________________
          SCOTTSDALE, AZ 85257          ___________________
Business Phone:     (480)423-7087       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160411

RANDY D NATIONS
4425 SADDLEBAG LLC
EL HEFE
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070205         Renew? ______Yes_____No
Status:   Active           Status Date:     12/31/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: EL HEFE                       ___________________
          4425 N SADDLEBAG TRAIL #101   ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)947-3763       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160412

PATRICIA LYNN PAVKOVICH
PAVKOVICH ENTERPRISES LLC
RED ONION LOUNGE
10850 W CARLOTA LN
PEORIA AZ 85373

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070129         Renew? ______Yes_____No
Status:   Active           Status Date:     12/19/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICIA LYNN PAVKOVICH       ___________________
Location: RED ONION LOUNGE              ___________________
          15002 N CAVE CREEK RD         ___________________
          PHOENIX, AZ 85032             ___________________
Business Phone:     (602)867-9989       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160413

LISA ANN AUGUSTYN
FLYING R LLC
CASH INN COUNTRY
2140 E MCDOWELL RD
PHOENIX AZ 85006

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070599         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA ANN AUGUSTYN             ___________________
Location: CASH INN COUNTRY              ___________________
          2140 E MCDOWELL RD            ___________________
          PHOENIX, AZ 85006             ___________________
Business Phone:     (602)244-9943       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160414

RANDY D NATIONS
SOUTH SAND LLC
SANDBAR MEXICAN GRILL
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070188         Renew? ______Yes_____No
Status:   Active           Status Date:     6/16/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: SANDBAR MEXICAN GRILL         ___________________
          7200 W RAY RD                 ___________________
          CHANDLER, AZ 85226            ___________________
Business Phone:     (480)961-1700       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160415

JAMES BARTLEY GRANTHAM
WDE INVESTMENTS INC
DRAW 10 LOUNGE
5444 E WASHINGTON ST STE A
PHOENIX AZ 85034

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070653         Renew? ______Yes_____No
Status:   Active           Status Date:     2/6/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES BARTLEY GRANTHAM        ___________________
Location: DRAW 10 LOUNGE                ___________________
          5444 E WASHINGTON STE A       ___________________
          PHOENIX, AZ 85034             ___________________
Business Phone:     (602)273-1061       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160416

DONNA JEAN BECKSTEAD
V F W #8015
V F W #8015
5019 S 2ND ST
PHOENIX AZ 85040

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070055         Renew? ______Yes_____No
Status:   Active           Status Date:     2/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONNA JEAN BECKSTEAD          _________________
Location: V F W #8015                   _________________
          5019 S 2ND ST                 _________________
          PHOENIX, AZ 85040             _________________
Business Phone:     (602)268-6001       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160417

SCOTT ROBERT SCHAIBLE
BPOE #2729
BPOE #2729
5525 W COLTER ST
GLENDALE AZ 85301

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14071019         Renew? ______Yes_____No
Status:   Active           Status Date:     2/6/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SCOTT ROBERT SCHAIBLE         _________________
Location: BPOE #2729                    _________________
          5525 W COLTER RD              _________________
          GLENDALE, AZ 85301            _________________
Business Phone:     (623)930-1388       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160418

PAUL ANTHONY ROSSI
MARRIOTT HOTEL SERVICES INC
MARRIOTT'S CAMELBACK COUNTRY CLUB
C/O FLAHERTY & O'HARA, PC
610 SMITHFIELD ST STE 300
PITTSBURGH PA 15222

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070084         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PAUL ANTHONY ROSSI            ___________________
Location: MARRIOTT'S CAMELBACK COUNTRY CLUB___________________
          7847 N MOCKINGBIRD LN         ___________________
          SCOTTSDALE, AZ 85253          ___________________
Business Phone:     (480)948-1700       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160419

PAMELA SIAVELS PANOPOULOS
PAPOULIAS LLC
GROGGY'S
2207 W MAIN ST
MESA AZ 85201

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070450         Renew? ______Yes_____No
Status:   Active           Status Date:     7/30/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PAMELA SIAVELS PANOPOULOS     _________________
Location: GROGGY'S                      _________________
          2207 W MAIN ST                _________________
          MESA, AZ 85201                _________________
Business Phone:     (480)969-7648       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160420

JOSEPH PETER CRIPPES
JC & GH LLC
BAILEY'S PUB
3414 W UNION HILLS DR #15&16
PHOENIX AZ 85027

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070632         Renew? ______Yes_____No
Status:   Active           Status Date:     8/9/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSEPH PETER CRIPPES          _________________
Location: BAILEY'S PUB                  _________________
          3414 W UNION HILLS DR #15 & 16   __________________
          PHOENIX, AZ 85027             _________________
Business Phone:     (623)581-8368       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160421

ROBERT LYNN LANGMEYER
MOOSE LODGE #2072
MOOSE LODGE #2072
2401 E SOUTH MOUNTAIN AVE
PHOENIX AZ 85040

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070073         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT LYNN LANGMEYER         ___________________
Location: MOOSE LODGE #2072             ___________________
          2401 E SOUTH MOUNTAIN AVE     ___________________
          PHOENIX, AZ 85042             ___________________
Business Phone:     (602)276-3580       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160422

RANDY D NATIONS
MOONSHINE GROUP LLC
MOONSHINE WHISKEY BAR & GRILL
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070067         Renew? ______Yes_____No
Status:   Pending          Status Date:     9/21/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: MOONSHINE WHISKEY BAR & GRILL ___________________
          410 S MILL AVE #D101          ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (480)968-3103       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160423

JODY BLAINE LINDSEY
LINDSEY FAMILY LLC
ON THE GREEN SPORTS GRILL
801 S POWER RD #101-104
MESA AZ 85206

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070098         Renew? ______Yes_____No
Status:   Active           Status Date:     12/3/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JODY BLAINE LINDSEY           ___________________
Location: ON THE GREEN SPORTS GRILL     ___________________
          801 S POWER RD #101-104       ___________________
          MESA, AZ 85206                ___________________
Business Phone:     (480)584-6196       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160424

LOU ANN HUSKISSON
V F W #3715
V F W #3715
4008 W MCDOWELL RD
PHOENIX AZ 85009

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070064         Renew? ______Yes_____No
Status:   Active           Status Date:     2/22/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LOU ANN HUSKISSON             _________________
Location: V F W #3715                   _________________
          4008 W MCDOWELL RD            _________________
          PHOENIX, AZ 85009             _________________
Business Phone:     (602)269-8005       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160425

WILLIAM ALVIN YOUNG, III
FOP #2
FOP #2
12851 N 19TH AVE
PHOENIX AZ 85029

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070097         Renew? ______Yes_____No
Status:   Active           Status Date:     2/20/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM ALVIN YOUNG, III      _________________
Location: FOP #2                        _________________
          12851 N 19TH AVE              _________________
          PHOENIX, AZ 85029             _________________
Business Phone:     (602)993-0230       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160426

ISAAC W MARSHALL
SPORTMAN SOCIAL CLUB INC
SPORTMAN CLUB
943 W WATKINS RD
PHOENIX AZ 85007

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14071024         Renew? ______Yes_____No
Status:   Active           Status Date:     2/1/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ISAAC W MARSHALL              ___________________
Location: SPORTMAN CLUB                 ___________________
          943 W WATKINS RD              ___________________
          PHOENIX, AZ 85007             ___________________
Business Phone:     (602)252-7153       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160427

DESTINY YVONNE MYRES
STRAIGHT NO CHASER LLC
NATE'S THIRD BASE RESTAURANT
1949 W RAY RD #11
CHANDLER AZ 85224

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070246         Renew? ______Yes_____No
Status:   Active           Status Date:     3/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DESTINY YVONNE MYRES          ___________________
Location: NATE'S THIRD BASE RESTAURANT  ___________________
          1949 W RAY RD #11-13          ___________________
          CHANDLER, AZ 85224            ___________________
Business Phone:     (480)782-6283       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160428

TERRA S WALDRON
DESERT HIGHLANDS ASSOCIATION
DESERT HIGHLANDS ASSOCIATION
10040 E HAPPY VALLEY RD
SCOTTSDALE AZ 85255

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070006         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TERRA S WALDRON               ___________________
Location: DESERT HIGHLANDS ASSOCIATION  ___________________
          10040 E HAPPY VALLEY RD       ___________________
          SCOTTSDALE, AZ 85255          ___________________
Business Phone:     (480)585-7444       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160429

JOHN JOSEPH FLANAGAN, III
FLANNYS LLC
FLANNYS BAR & GRILL
8912 E PINNACLE PEAK RD SUITE #F9-501
SCOTTSDALE AZ 85255

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070427         Renew? ______Yes_____No
Status:   Active           Status Date:     10/5/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN JOSEPH FLANAGAN, III     _________________
Location: FLANNYS BAR & GRILL           _________________
          1805 E ELLIOT RD STE  #104 -105   __________________
          TEMPE, AZ 85284               _________________
Business Phone:     (480)659-0870       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160430

GARY JOSEPH BRUCE
RACEWAY ELKS #2852
RACEWAY ELKS #2852
215 W VAN BUREN ST
AVONDALE AZ 85323

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14073069         Renew? ______Yes_____No
Status:   Active           Status Date:     7/9/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GARY JOSEPH BRUCE             ___________________
Location: RACEWAY ELKS #2852            ___________________
          215 W VAN BUREN ST            ___________________
          AVONDALE, AZ 85323            ___________________
Business Phone:     (623)547-2852       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160431

RANDY D NATIONS
SCOTTSDALE BOONDOCKS LLC
BOONDOCKS PATIO & GRILL
P O BOX 2505
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070240         Renew? ______Yes_____No
Status:   Active           Status Date:     1/21/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: BOONDOCKS PATIO & GRILL       ___________________
          4341 N 75TH ST                ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)949-8454       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160432

AMY S NATIONS
F & T RESTAURANT CONCEPTS LLC
DILLY DALLY COCKTAIL LOUNGE
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070207         Renew? ______Yes_____No
Status:   Active           Status Date:     8/7/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AMY S NATIONS                 ___________________
Location: DILLY DALLY COCKTAIL LOUNGE   ___________________
          3639 E INDIAN SCHOOL RD       ___________________
          PHOENIX, AZ 85018             ___________________
Business Phone:     (602)955-0013       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160433

RICHARD G NEUHEISEL
SHALIMAR COUNTRY CLUB INC
SHALIMAR COUNTRY CLUB
2032 E GOLF AVE
TEMPE AZ 85282

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070447         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD G NEUHEISEL           _________________
Location: SHALIMAR COUNTRY CLUB         _________________
          2032 E GOLF AVE               _________________
          TEMPE, AZ 85282               _________________
Business Phone:     (480)831-1244       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160434

MICHAEL GENE LUND
TEASERS OF PHOENIX LTD
DIRTY'S TOPLESS BAR & PATIO
1875 TANDEM WAY
NORCO CA 92860

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070689         Renew? ______Yes_____No
Status:   Active           Status Date:     2/13/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL GENE LUND             ___________________
Location: DIRTY'S TOPLESS BAR & PATIO   ___________________
          3308 GRAND AVE                ___________________
          PHOENIX, AZ 85017             ___________________
Business Phone:     (951)371-3788       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160435

JAN BENJAMIN ROGERS
MOUNTAIN PRESERVE RECEPTION & CONFERENCE CENTER INC
MOUNTAIN PRESERVE RECEPTION & CONFERENCE CENTER
P O BOX 9422
PHOENIX AZ 85068

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070690         Renew? ______Yes_____No
Status:   Inactive         Status Date:     10/8/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAN BENJAMIN ROGERS           ___________________
Location: MOUNTAIN PRESERVE RECEPTION & CONFERENCE CENTER___________________
          1431 E DUNLAP AVE             ___________________
          PHOENIX, AZ 85020             ___________________
Business Phone:     (602)943-2656       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160436

JOSEPH MICHAEL HENDERSON
AMERICROWN SERVICE CORPORATION
AMERICROWN
12650 US HWY 12
BROOKLYN MI 49230

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070036         Renew? ______Yes_____No
Status:   Active           Status Date:     8/27/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSEPH MICHAEL HENDERSON      _________________
Location: AMERICROWN                    _________________
          7602 S AVONDALE BLVD          _________________
          AVONDALE, AZ 85323            _________________
Business Phone:     (623)463-5671       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160437

JEFF BERTONCINO
JTF ENTERPRISES INC
CANDY STORE
18613 N CAVE CREEK RD
PHOENIX AZ 85024

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070001         Renew? ______Yes_____No
Status:   Active           Status Date:     1/15/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFF  BERTONCINO              ___________________
Location: CANDY STORE                   ___________________
          18613 N CAVE CREEK RD         ___________________
          PHOENIX, AZ 85024             ___________________
Business Phone:     (602)569-0084       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160438

H J LEWKOWITZ
PEORIA HOOTERS INC
MOON SALOON
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070087         Renew? ______Yes_____No
Status:   Active           Status Date:     7/6/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: MOON SALOON                   _________________
          16554 N 83RD AVE              _________________
          PEORIA, AZ 85381              _________________
Business Phone:     (623)776-0123       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160439

H J LEWKOWITZ
MERCBAR AZ INC
MERCBAR
2525 E CAMELBACK RD #120
PHOENIX AZ 85016

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070461         Renew? ______Yes_____No
Status:   Active           Status Date:     2/8/1996
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: MERCBAR                       _________________
          2525 E CAMELBACK RD #120      _________________
          PHOENIX, AZ 85016             _________________
Business Phone:     (602)508-9449       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160440

MITCHELL JOSEPH FOX
FOX COMPANIES LLC
FOX CIGAR BAR
1464 E WILLIAMS FIELD RD #104
GILBERT AZ 85295

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06070173 Renew? _____Yes_____No
Status: Active Status Date: 2/2/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MITCHELL JOSEPH FOX _____
Location: FOX CIGAR BAR _____
7443 E 6TH AVE _____
SCOTTSDALE, AZ 85251 _____
Business Phone: (480)983-5420 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070222 Renew? _____Yes_____No
Status: Active Status Date: 2/15/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MITCHELL JOSEPH FOX _____
Location: FOX TOBACCO & LIQUOR #3 _____
1464 E WILLIAMS FIELD RD #105 _____
GILBERT, AZ 85295 _____
Business Phone: (480)983-5420 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160441

RANDY D NATIONS
OBRIGIS LLC
O'BRIEN'S PUB
PO BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070696         Renew? ______Yes_____No
Status:   Active           Status Date:     3/12/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: O'BRIEN'S PUB                 ___________________
          7829 N 35TH AVE               ___________________
          PHOENIX, AZ 85051             ___________________
Business Phone:     (602)841-3980       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160442

DAVID MARION POYNER
BPOE #2160
BPOE #2160
P O BOX 155
WICKENBURG AZ 85358

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14070020         Renew? ______Yes_____No
Status:   Active           Status Date:     2/16/1995
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID MARION POYNER           ___________________
Location: BPOE #2160                    ___________________
          116 FRONTIER                  ___________________
          WICKENBURG, AZ 85390          ___________________
Business Phone:     (928)684-7714       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160443

DEBORAH WHYTE SMITH
ARIZONA BOARD OF REGENTS ON BEHALF OF ASU
UNIVERSITY CLUB OF ASU
P O BOX 873602
TEMPE AZ 85287-0205

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  05073011         Renew? ______Yes_____No
Status:   Active           Status Date:     2/1/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEBORAH WHYTE SMITH           ___________________
Location: UNIVERSITY CLUB OF ASU        ___________________
          425 E UNIVERSITY DR           ___________________
          TEMPE, AZ 85287-4505          ___________________
Business Phone:     (480)965-0700       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00

-------------------------------------------------------------------------------
License#  05073019         Renew? ______Yes_____No
Status:   Active           Status Date:     9/27/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    COLLEEN  JENNINGS-ROGGENSACK  ___________________
Location: ASU GAMMAGE AUDITORIUM        ___________________
          1200 S FOREST DRIVE           ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (480)965-5062       __________

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

RA160444

RANDY D NATIONS
2 AM LLC
HELLS HALF ACRE
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070025         Renew? ______Yes_____No
Status:   Active           Status Date:     12/18/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: HELLS HALF ACRE               ___________________
          6751 N SUNSET BLVD #E113      ___________________
          GLENDALE, AZ 85305            ___________________
Business Phone:     (623)877-8447       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160445

RANDY D NATIONS
COUNTRY CLUB AT DC RANCH INC
COUNTRY CLUB AT DC RANCH
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14073029         Renew? ______Yes_____No
Status:   Active           Status Date:     2/11/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: COUNTRY CLUB AT DC RANCH      ___________________
          9290 E THOMPSON PEAK PKWY #1   ___________________
          SCOTTSDALE, AZ 85255          ___________________
Business Phone:     (480)342-7200       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160446

MARIA D SOTELO DE GARCIA
EL TENAMPA BAR
1707 W BROADWAY AVE
PHOENIX AZ 85041

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070386         Renew? ______Yes_____No
Status:   Active           Status Date:     2/11/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: EL TENAMPA BAR                _________________
          1707 W BROADWAY AVE           _________________
          PHOENIX, AZ 85041             _________________
Business Phone:     (602)708-3196       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160447

WAYNE MICHAEL LEJAMBRE
TAILGATE BAR & GRILL
930 WEST BROADWAY #17
TEMPE AZ 85282

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070337         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: TAILGATE BAR & GRILL          _________________
          930 W BROADWAY  #17           _________________
          TEMPE, AZ 85282               _________________
Business Phone:     (480)894-2337       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160448

H J LEWKOWITZ
SUN LAKES HOMEOWNERS' ASSOCIATION #2 INC
COTTONWOOD COUNTRY CLUB
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070025         Renew? ______Yes_____No
Status:   Active           Status Date:     2/14/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: COTTONWOOD COUNTRY CLUB       _________________
          25630 BRENTWOOD DR            _________________
          SUN LAKES, AZ 85248           _________________
Business Phone:     (602)895-0339       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00

-------------------------------------------------------------------------------
License#  14070027         Renew? ______Yes_____No
Status:   Active           Status Date:     2/14/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: PALO VERDE COUNTRY CLUB       _________________
          10801 E SAN TAN BLVD          _________________
          SUN LAKES, AZ 85248           _________________
Business Phone:     (480)895-1981       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160449

KAREN ANN TISLER
STEPHANIE'S BABES WEST INC
COYOTE GENTLEMEN'S LOUNGE
13724 W GLENDALE AVE
GLENDALE AZ 85307

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070078         Renew? ______Yes_____No
Status:   Active           Status Date:     2/18/1987
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KAREN ANN TISLER              ___________________
Location: COYOTE GENTLEMEN'S LOUNGE     ___________________
          13724 W GLENDALE AVE          ___________________
          GLENDALE, AZ 85307            ___________________
Business Phone:     (602)935-7335       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160450

STANLEY EARL CORBIN
WESTWOOD TAP & GRILL INC
WESTWOOD TAP & GRILL
1818 W GLENDALE AVE
PHOENIX AZ 85021

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070070         Renew? ______Yes_____No
Status:   Active           Status Date:     2/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STANLEY EARL CORBIN           _________________
Location: WESTWOOD TAP & GRILL          _________________
          1818 W GLENDALE AVE           _________________
          PHOENIX, AZ 85021             _________________
Business Phone:     (602)995-5897       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160451

DEBORAH ANN GRIFFIN
GILA RIVER GAMING ENTERPRISES
GILA RIVER CASINO LONE BUTTE
P O BOX 6790
CHANDLER AZ 85246

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06070268 Renew? _____Yes_____No
Status: Active Status Date: 11/12/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DEBORAH ANN GRIFFIN _____
Location: GILA RIVER CASINO LONE BUTTE _____
1077 S KYRENE RD _____
CHANDLER, AZ 85226 _____
Business Phone: (800)946-4452 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070270 Renew? _____Yes_____No
Status: Active Status Date: 10/23/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DEBORAH ANN GRIFFIN _____
Location: GILA RIVER CASINOS-WILD HORSE PASS_____
5040 W WILD HORSE PASS BLVD _____
CHANDLER, AZ 85226 _____
Business Phone: (800)946-4452 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070658 Renew? _____Yes_____No
Status: Active Status Date: 7/1/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DEBORAH ANN GRIFFIN _____
Location: GILA RIVER CASINO VEE QUIVA _____
15091 S KOMATKE LN _____
LAVEEN, AZ 85339 _____
Business Phone: (800)946-4452 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160452

STEVEN WAYNE ROGERS
WORLD RESTAURANTS INC
DWNTWN DV8
710 N CENTRAL AVE
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070115         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEVEN WAYNE ROGERS           _________________
Location: DWNTWN DV8                    _________________
          702-708 N CENTRAL AVE         _________________
          PHOENIX, AZ 85004             _________________
Business Phone:     (602)258-8343       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160453

GEORGE IRA ATWELL
PEBBLECREEK GOLF RESORT HOMEOWNERS ASSOCIATION NO 1
TUSCANY FALLS CLUBHOUSE
16222 W CLUBHOUSE DR
GOODYEAR AZ 85338

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070267         Renew? ______Yes_____No
Status:   Active           Status Date:     6/18/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE IRA ATWELL             ___________________
Location: TUSCANY FALLS CLUBHOUSE       ___________________
          16222 WEST CLUBHOUSE DR #B    ___________________
          GOODYEAR, AZ 85338            ___________________
Business Phone:     (623)535-9419       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160454

CHARLES RICHARD FULTON
DE ENTERTAINMENT LLC
XECUTIVE SHOWCLUB
1525 W CAPISTRANO AVE
PHOENIX AZ 85041

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070652         Renew? ______Yes_____No
Status:   Active           Status Date:     2/6/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHARLES RICHARD FULTON        ___________________
Location: XECUTIVE SHOWCLUB             ___________________
          3845 E UNIVERSITY DR          ___________________
          PHOENIX, AZ 85034             ___________________
Business Phone:     (602)414-4600       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160455

DIANA LYNN WALTERS
DBC LLC
SHENANIGANS BAR & GRILL
2244 W BELL RD
PHOENIX AZ 85023

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070225         Renew? ______Yes_____No
Status:   Active           Status Date:     9/13/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DIANA LYNN WALTERS            ___________________
Location: SHENANIGANS BAR & GRILL       ___________________
          2244 W BELL RD                ___________________
          PHOENIX, AZ 85023             ___________________
Business Phone:     (602)863-3725       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160456

ROBERT JAMES HICKS
EARL E MITCHELL POST #29
EARL E MITCHELL POST #29
P O BOX 125
GLENDALE AZ 85311

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070085         Renew? ______Yes_____No
Status:   Active           Status Date:     3/8/1988
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT JAMES HICKS            ___________________
Location: EARL E MITCHELL POST #29      ___________________
          6821 N 58TH AVE               ___________________
          GLENDALE, AZ 85301            ___________________
Business Phone:     (602)927-3411       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00

-------------------------------------------------------------------------------
License#  14073005         Renew? ______Yes_____No
Status:   Active           Status Date:     4/4/1996
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT JAMES HICKS            ___________________
Location: EARL E MITCHELL POST #29      ___________________
          6822 N 57TH DR                ___________________
          GLENDALE, AZ 85301            ___________________
Business Phone:     (602)937-3411       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160457

CECELIA MAE MILLER
QUAIL LOUNGE
4125 N 6TH AVE
PHOENIX AZ 85013

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070165         Renew? ______Yes_____No
Status:   Active           Status Date:     3/29/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: QUAIL LOUNGE                  _________________
          4134 N 7TH AVE                _________________
          PHOENIX, AZ 85013             _________________
Business Phone:     (602)279-6086       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160458

RANDY D NATIONS
SCHOOL OF ROCK MILL AVE LLC
SCHOOL OF ROCK MILL AVE
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070580         Renew? ______Yes_____No
Status:   Active           Status Date:     11/23/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: SCHOOL OF ROCK MILL AVE       ___________________
          411 S MILL AVE #201           ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (480)966-3573       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160459

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 JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14071004         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICK JOHN O'HARA           ___________________
Location: RECREATION CENTERS OF SUN CITY WEST_________________
          20349 ECHO MESA DR            ___________________
          SUN CITY WEST, AZ 85375       ___________________
Business Phone:     (623)544-6014       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160460

PETER CHEDID
LATTOUF-YNGELMO CORP
CHAR'S HAS THE BLUES
4631 N 7TH AVE
PHOENIX AZ 85013

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070527         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PETER  CHEDID                 ___________________
Location: CHAR'S HAS THE BLUES          ___________________
          4631 N 7TH AVE                ___________________
          PHOENIX, AZ 85013             ___________________
Business Phone:     (602)230-0205       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160461

JAN FREDERICK HAASE
UNIVERSITY CLUB OF PHOENIX
UNIVERSITY CLUB OF PHOENIX
39 E MONTE VISTA RD
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070042         Renew? ______Yes_____No
Status:   Active           Status Date:     2/11/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAN FREDERICK HAASE           ___________________
Location: UNIVERSITY CLUB OF PHOENIX    ___________________
          39 E MONTE VISTA RD           ___________________
          PHOENIX, AZ 85004             ___________________
Business Phone:     (602)229-5283       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160462

REZA VAKILI
GRAPEVINE
10876 E PARADISE DR
SCOTTSDALE AZ 85259

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070348         Renew? ______Yes_____No
Status:   Active           Status Date:     11/2/1994
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: GRAPEVINE                     _________________
          4013 N BROWN                  _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (480)994-1792       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160463

JOHN JOSEPH KUEBLER
UNITED AIRLINES INC
UNITED AIR LINES
3200 E SKY HARBOR BLVD STE 2107
PHOENIX AZ 85034

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  08070013         Renew? ______Yes_____No
Status:   Active           Status Date:     2/14/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN JOSEPH KUEBLER           ___________________
Location: UNITED AIR LINES              ___________________
          3200 E SKY HARBOR BLVD #2107   ___________________
          PHOENIX, AZ 85034             ___________________
Business Phone:     (602)586-2218       __________

Renewal Fees:
     License Renewal:                  225.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            295.00

-------------------------------------------------------------------------------
License#  14073013         Renew? ______Yes_____No
Status:   Active           Status Date:     2/14/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN JOSEPH KUEBLER           ___________________
Location: UNITED CLUB                   ___________________
          3200 E SKY HARBOR BLVD # 2107   ___________________
          PHOENIX, AZ 85034             ___________________
Business Phone:     (602)586-2218       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160464

MARIA V OLAGUEZ
SADDLEHORN SALOON
3134 W JACKSON RD
PHOENIX AZ 85009

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070238         Renew? ______Yes_____No
Status:   Active           Status Date:     12/29/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: SADDLEHORN SALOON             _________________
          2334 W BUCKEYE RD             _________________
          PHOENIX, AZ 85009             _________________
Business Phone:     (602)256-2037       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160465

ROBERT A LYLES
SCC A-M CLUB LLC
SCOTTSDALE COUNTRY CLUB
11500 NORTH HAYDEN ROAD
SCOTTSDALE AZ 85260

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070323         Renew? ______Yes_____No
Status:   Active           Status Date:     2/8/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT A LYLES                _________________
Location: SCOTTSDALE COUNTRY CLUB       _________________
          11500 NORTH HAYDEN ROAD       _________________
          SCOTTSDALE, AZ 85260          _________________
Business Phone:     (602)948-6000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160466

HARROLD J BURNETT
RIB SHOP
10450 N 25TH PL
PHOENIX AZ 85028

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070521         Renew? ______Yes_____No
Status:   Active           Status Date:     2/1/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: RIB SHOP                      _________________
          4131 N 83RD AVE               _________________
          PHOENIX, AZ 85033             _________________
Business Phone:     (623)873-1188       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160467

WILLIAM GEORGE JACHIMEK
CHANCES ON 6TH LLC
CHANCES ON 6TH
7570 E 6TH AVE
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070463         Renew? ______Yes_____No
Status:   Active           Status Date:     2/11/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM GEORGE JACHIMEK       ___________________
Location: CHANCES ON 6TH                ___________________
          7570 E 6TH AVE                ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (602)994-4338       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160468

RANDALL JAY HERBISON
RH HERB LLC
FINISHLINE BAR & BILLIARDS
1724 W BELL RD
PHOENIX AZ 85023

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070438         Renew? ______Yes_____No
Status:   Active           Status Date:     3/19/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDALL JAY HERBISON          _________________
Location: FINISHLINE BAR & BILLIARDS    _________________
          1724 W BELL RD                _________________
          PHOENIX, AZ 85023             _________________
Business Phone:     (602)863-2025       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160469

ALICE HAYNES HAMBLEN
CITY OF SCOTTSDALE
SCOTTSDALE CENTER FOR THE ARTS
7380 E 2ND ST
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  05071004         Renew? ______Yes_____No
Status:   Active           Status Date:     2/10/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALICE HAYNES HAMBLEN          ___________________
Location: SCOTTSDALE CENTER FOR THE ARTS___________________
          7380 E 2ND ST                 ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)874-4610       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160470

ROBERT DALE SCHMITZ
AMERICAN LEGION #58
AMERICAN LEGION #58
16837 PARKVIEW AVE
FOUNTAIN HILLS AZ 85268

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14073026         Renew? ______Yes_____No
Status:   Active           Status Date:     7/19/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT DALE SCHMITZ           ___________________
Location: AMERICAN LEGION #58           ___________________
          16837 PARKVIEW AVE            ___________________
          FOUNTAIN HILLS, AZ 85268      ___________________
Business Phone:     (480)837-5958       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160471

JOHN RICHARD USHER
FOE #2957
FOE #2957
633 W HATCHER RD
PHOENIX AZ 85021

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070114         Renew? ______Yes_____No
Status:   Active           Status Date:     2/10/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN RICHARD USHER            ___________________
Location: FOE #2957                     ___________________
          633 W HATCHER RD              ___________________
          PHOENIX, AZ 85021             ___________________
Business Phone:     (602)943-3966       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160472

JAMES A FUNK
GAINEY RANCH COMMUNITY ASSN
DANIEL C GAINEY ESTATE CLUB
7720 E GAINEY RANCH RD
SCOTTSDALE AZ 85258

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14071001         Renew? ______Yes_____No
Status:   Active           Status Date:     10/4/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES A FUNK                  _________________
Location: DANIEL C GAINEY ESTATE CLUB   _________________
          7720 GAINEY RANCH RD          _________________
          SCOTTSDALE, AZ 85258          _________________
Business Phone:     (480)951-2879       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160473

MICHAEL DURELL MORRIS
AMVETS #5
AMVETS #5
3805 S 16TH ST
PHOENIX AZ 85040

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14071036         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL DURELL MORRIS         _________________
Location: AMVETS #5                     _________________
          3805 S 16TH ST                _________________
          PHOENIX, AZ 85040             _________________
Business Phone:     (602)276-4673       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160474

ANDREA DAHLMAN LEWKOWITZ
CITYSCAPE COMEDY LLC
STAND UP LIVE/ COPPER BLUES
2600 N CENTRAL AVE SUITE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070003         Renew? ______Yes_____No
Status:   Active           Status Date:     4/11/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: STAND UP LIVE/ COPPER BLUES   ___________________
          50 W JEFFERSON ST #200        ___________________
          PHOENIX, AZ 85003             ___________________
Business Phone:     (480)719-6100       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160475

JAMES KEVIN MURPHY
GRANCH GOLF CLUB INC
GAINEY RANCH GOLF CLUB
3030 LBJ FREEWAY SUITE 600
ATTN : LAINE SCHROEDER
DALLAS TX 75234

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070171         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES KEVIN MURPHY            _________________
Location: GAINEY RANCH GOLF CLUB        _________________
          7600 E GAINEY CLUB DR         _________________
          SCOTTSDALE, AZ 85258          _________________
Business Phone:     (480)951-0022       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160476

RAY M SHADID
T D RAY INC
COPPER DOOR
4936 W EVANS
GLENDALE AZ 85306

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070429         Renew? ______Yes_____No
Status:   Active           Status Date:     5/12/1993
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RAY M SHADID                  _________________
Location: COPPER DOOR                   _________________
          13818 N 51ST AVE              _________________
          GLENDALE, AZ 85306            _________________
Business Phone:     (602)439-3436       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160477

DONNA MARIE HESTAND
EASTSIDE DONNA'S INC
SWIZZLE STICK
6703 W ASTER
PEORIA AZ 85381

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070284         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONNA MARIE HESTAND           _________________
Location: SWIZZLE STICK                 _________________
          5132 W OLIVE                  _________________
          GLENDALE, AZ 85302            _________________
Business Phone:     (623)937-5965       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160478

WILFORD BURNETT RHINE
WEST STREET LLC
HUEY'S LOUNGE & GRILL
607 W OSBORN RD
PHOENIX AZ 85013

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070242         Renew? ______Yes_____No
Status:   Active           Status Date:     1/27/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILFORD BURNETT RHINE         ___________________
Location: HUEY'S LOUNGE & GRILL         ___________________
          607 W OSBORN RD               ___________________
          PHOENIX, AZ 85013             ___________________
Business Phone:     (602)279-0744       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160479

THOMAS ROBERT AGUILERA
LIVING ROOM WINE CAFE #1 LLC
LIVING ROOM WINE CAFE & LOUNGE
4554 E CAMP LOWELL DR
TUCSON AZ 85712

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070581         Renew? ______Yes_____No
Status:   Active           Status Date:     11/3/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS ROBERT AGUILERA        ___________________
Location: LIVING ROOM WINE CAFE & LOUNGE_________________
          2475 W QUEEN CREEK RD #1      ___________________
          CHANDLER, AZ 85248            ___________________
Business Phone:     (480)855-2848       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160480

H J LEWKOWITZ
GAINEY HOTEL MANAGEMENT INC
GAINEY SUITES HOTEL
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070549         Renew? ______Yes_____No
Status:   Active           Status Date:     8/14/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: GAINEY SUITES HOTEL           ___________________
          7300 E GAINEY SUITES DR       ___________________
          SCOTTSDALE, AZ 85258          ___________________
Business Phone:     (480)922-6969       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160481

ANGELA FAZIO
FAZIO'S CATERING AND EVENT CENTER LLC
FAZIO'S CATERING HALL
3370 S IVY WAY
CHANDLER AZ 85248

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070292         Renew? ______Yes_____No
Status:   Active           Status Date:     2/12/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANGELA  FAZIO                 _________________
Location: FAZIO'S CATERING HALL         _________________
          700 W WARNER RD               _________________
          CHANDLER, AZ 85225            _________________
Business Phone:     (480)737-8736       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160482

RICHARD CODY KING
C KING RICHES LLC
CASA BLANCA LOUNGE
7134 E STETSON DR STE 300
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070325         Renew? ______Yes_____No
Status:   Active           Status Date:     9/11/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD CODY KING             ___________________
Location: CASA BLANCA LOUNGE            ___________________
          7134 E STETSON DR #300        ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)970-7888       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160483

KIMBERLY ANN GUETHLE
KKBG LLC
DUCHESS
3929 E MAIN ST STE #2
MESA AZ 85205

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070442         Renew? ______Yes_____No
Status:   Active           Status Date:     2/11/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KIMBERLY ANN GUETHLE          _________________
Location: DUCHESS                       _________________
          3929 E MAIN ST STE #2         _________________
          MESA, AZ 85205                _________________
Business Phone:     (480)641-1550       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160484

JESUS MANUEL ALTAMIRANO
HOWDY PARTNERS LLC
BOURBON JACK'S GRILL
1984 E 5TH ST
TEMPE AZ 85281

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06073502         Renew? ______Yes_____No
Status:   Active           Status Date:     10/9/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESUS MANUEL ALTAMIRANO       _________________
Location: BOURBON JACK'S GRILL          _________________
          11 W BOSTON ST STE 1          _________________
          CHANDLER, AZ 85225            _________________
Business Phone:     (480)664-1738       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160485

NAVAYOGASINGAM THURAISINGAM
PREMIERE AIRPORT FOOD SERVICES INC
COPPERPLATE AN AMERICAN GRILL
1225 N GILBERT RD
MESA AZ 85203

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070119         Renew? ______Yes_____No
Status:   Active           Status Date:     7/29/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NAVAYOGASINGAM  THURAISINGAM  ___________________
Location: COPPERPLATE  AN AMERICAN GRILL___________________
          3200 SKY HARBOR BLVD T2 F7    ___________________
          PHOENIX, AZ 85034             ___________________
Business Phone:     (602)275-2023       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160486

JAVIER JIMENEZ AGUILA
HONEY DO THIS AND MORE LLC
AGUILA'S HIDAWAY
10720 W INDIAN SCHOOL RD STE 19
PMB 128
PHOENIX AZ 85037

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070562         Renew? ______Yes_____No
Status:   Active           Status Date:     10/9/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAVIER JIMENEZ AGUILA         _________________
Location: AGUILA'S HIDAWAY              _________________
          1235 N 8TH ST  STE A          _________________
          AVONDALE, AZ 85323            _________________
Business Phone:     (623)932-9394       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160487

RANDY D NATIONS
BROOKSIDE II LLC
BROOKSIDE II
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070137         Renew? ______Yes_____No
Status:   Active           Status Date:     5/1/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: BROOKSIDE II                  ___________________
          15170 W BELL RD #115          ___________________
          SURPRISE, AZ 85374            ___________________
Business Phone:     (623)556-1000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160488

ERIC JAMES MANSFIELD
WADDELLS LONGHORN CORRAL LLC
WADDELL'S LONGHORN CORRAL
3809 N 197TH AVE
BUCKEYE AZ 85396

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070639         Renew? ______Yes_____No
Status:   Active           Status Date:     1/30/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERIC JAMES MANSFIELD          ___________________
Location: WADDELL'S LONGHORN CORRAL     ___________________
          1629 N 195TH AVE              ___________________
          BUCKEYE, AZ 85396             ___________________
Business Phone:     (623)853-0395       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160489

VERNON L NICHOLAS
MESA COUNTRY CLUB INC
MESA COUNTRY CLUB
660 W FAIRWAY
MESA AZ 85201

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070077         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VERNON L NICHOLAS             ___________________
Location: MESA COUNTRY CLUB             ___________________
          660 W FAIRWAY                 ___________________
          MESA, AZ 85201                ___________________
Business Phone:     (480)964-1797       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160490

LANCE GEORGE MIYATOVICH
EL DORADO OF SUN CITY CONDOMINIUMS / HOME OWNERS ASSOC
EL DORADO OF SUN CITY CONDOMINIUMS / HOME OWNERS ASSOC
10330 W THUNDERBIRD BLVD
SUN CITY AZ 85351

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14071030         Renew? ______Yes_____No
Status:   Active           Status Date:     2/12/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LANCE GEORGE MIYATOVICH       _________________
Location: EL DORADO OF SUN CITY CONDOMINIUMS / HOME OWNERS ASSOC_________________
          10330 W THUNDERBIRD BLVD      _________________
          SUN CITY, AZ 85351            _________________
Business Phone:     (623)972-3000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160491

LOUIS JOHN CONTI
V F W #9400
V F W #9400
804 E PURDUE AVE
PHOENIX AZ 85020

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070071         Renew? ______Yes_____No
Status:   Active           Status Date:     2/23/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LOUIS JOHN CONTI              _________________
Location: V F W #9400                   _________________
          804 E PURDUE AVE              _________________
          PHOENIX, AZ 85020             _________________
Business Phone:     (602)943-9930       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160492

ANDREA DAHLMAN LEWKOWITZ
PAPAGO INN OPERATIONS SCOTTSDALE LLC
PAPAGO INN
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070321         Renew? ______Yes_____No
Status:   Active           Status Date:     12/12/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: PAPAGO INN                    _________________
          7017 E MCDOWELL RD            _________________
          SCOTTSDALE, AZ 85257          _________________
Business Phone:     (480)947-7335       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160493

GARY J EGAN
ARTENDERS INC
PHOENIX ART MUSEUM
1625 N CENTRAL AVE
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070584         Renew? ______Yes_____No
Status:   Active           Status Date:     2/13/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GARY J EGAN                   _________________
Location: PHOENIX ART MUSEUM            _________________
          1625 N CENTRAL AVE            _________________
          PHOENIX, AZ 85004             _________________
Business Phone:     (602)257-1880       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160494

PHYLLIS K KERBY
AMERICAN LEGION #107
AMERICAN LEGION #107
20001 N CAVE CREEK RD
PHOENIX AZ 85024

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14071022         Renew? ______Yes_____No
Status:   Active           Status Date:     2/1/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PHYLLIS K KERBY               ___________________
Location: AMERICAN LEGION #107          ___________________
          20001 N CAVE CREEK RD         ___________________
          PHOENIX, AZ 85024             ___________________
Business Phone:     (602)971-9982       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160495

LEO FELIX SOBANIA
POSTAL WORKERS SOCIAL CLUB INC
POSTAL WORKERS SOCIAL CLUB
3720 W GREENWAY RD
PHOENIX AZ 85053

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070008         Renew? ______Yes_____No
Status:   Active           Status Date:     2/18/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LEO FELIX SOBANIA             ___________________
Location: POSTAL WORKERS SOCIAL CLUB    ___________________
          3720 W GREENWAY RD            ___________________
          PHOENIX, AZ 85053-3703        ___________________
Business Phone:     (602)978-2040       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160496

TSUI LING TAN
MARRIOTT RESORTS HOSPITALITY CORPORATION
MARRIOTT'S CANYON VILLAS AT DESERT RIDGE
5220 E MARRIOTT DR
PHOENIX AZ 85054

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070130         Renew? ______Yes_____No
Status:   Active           Status Date:     11/17/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TSUI LING TAN                 _________________
Location: MARRIOTT'S CANYON VILLAS AT DESERT RIDGE_________________
          5220 E MARRIOTT DR            _________________
          PHOENIX, AZ 85054             _________________
Business Phone:     (480)293-3860       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160497

JENNIFER ELIZABETH HOLLIDAY
IOELEMENT LLC
PARADISE LOUNGE
4541 E CACTUS RD
PHOENIX AZ 85032

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070174         Renew? ______Yes_____No
Status:   Active           Status Date:     7/17/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JENNIFER ELIZABETH HOLLIDAY   __________________
Location: PARADISE LOUNGE               __________________
          4541 E CACTUS RD              __________________
          PHOENIX, AZ 85032             __________________
Business Phone:     (602)953-2993       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160498

BRANNON A KLEINLEIN
LAST EXIT LIVE LLC
LAST EXIT LIVE
8226 E FAIRMOUNT AVE
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070573         Renew? ______Yes_____No
Status:   Active           Status Date:     11/6/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRANNON A KLEINLEIN           ___________________
Location: LAST EXIT LIVE                ___________________
          717 S CENTRAL AVE             ___________________
          PHOENIX, AZ 85004             ___________________
Business Phone:     (602)271-7000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160499

DAVID EDWARD DELOS
CACTUS VILLAGE COCKTAIL LOUNGE INC
OTHER ROOM
24410 N 58TH LN
GLENDALE AZ 85310

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070361         Renew? ______Yes_____No
Status:   Active           Status Date:     5/16/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID EDWARD DELOS            _________________
Location: OTHER ROOM                    _________________
          4404 W PEORIA AVE             _________________
          GLENDALE, AZ 85302            _________________
Business Phone:     (623)435-1440       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160500

LAUREN KAY MERRETT
PHOENIX THEATRE
PHOENIX THEATRE
100 E MCDOWELL RD
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070042         Renew? ______Yes_____No
Status:   Active           Status Date:     11/22/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAUREN KAY MERRETT            _________________
Location: PHOENIX THEATRE               _________________
          100 E MCDOWELL RD             _________________
          PHOENIX, AZ 85004             _________________
Business Phone:     (602)889-5281       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160501

ELBERT DANIEL ISCH, JR.
AMERICAN LEGION #35
AMERICAN LEGION #35
2240 W CHANDLER BLVD
CHANDLER AZ 85224

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070023         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ELBERT DANIEL ISCH, JR.       ___________________
Location: AMERICAN LEGION #35           ___________________
          2240 W CHANDLER BLVD          ___________________
          CHANDLER, AZ 85224            ___________________
Business Phone:     (480)821-0002       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160502

RANDY GENE WOOD
WOODSHED II INC
WOODSHED II
7605 S WILLOW
TEMPE AZ 85284

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070142         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY GENE WOOD               ___________________
Location: WOODSHED II                   ___________________
          430 N DOBSON RD               ___________________
          MESA, AZ 85201                ___________________
Business Phone:     (480)844-1433       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160503

PHILIP JESSE GREEN, SR.
OB SPORTS F/B MANAGEMENT (EM) LLC
GOLF CLUB AT EAGLE MOUNTAIN
7025 E GREENWAY PKWY #550
SCOTTSDALE AZ 85254

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070667         Renew? ______Yes_____No
Status:   Active           Status Date:     2/25/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PHILIP JESSE GREEN, SR.       ___________________
Location: GOLF CLUB AT EAGLE MOUNTAIN   ___________________
          14915 E EAGLE MOUNTAIN PKWY   ___________________
          FOUNTAIN HILLS, AZ 85268      ___________________
Business Phone:     (480)816-0422       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160504

SHELLEY GAIL HEARN
CITY OF TEMPE AN ARIZONA MUNICIPAL CORPORATION
HACKETT HOUSE
P O BOX 5002
TEMPE AZ 85280

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 05071006 Renew? _____Yes_____No
Status: Active Status Date: 11/21/1988
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SHELLEY GAIL HEARN _____
Location: HACKETT HOUSE _____
95 W 4TH ST _____
TEMPE, AZ 85281 _____
Business Phone: (602)967-0400 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

License# 05073024 Renew? _____Yes_____No
Status: Active Status Date: 9/10/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DONALD ROBERT FASSINGER _____
Location: TEMPE CENTER FOR THE ARTS _____
700 W RIO SALADO PKWY _____
TEMPE, AZ 85281 _____
Business Phone: (480)350-2829 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

License# 05073044 Renew? _____Yes_____No
Status: Active Status Date: 10/2/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: OLIVER NCUBE _____
Location: KEN MCDONALD GOLF COURSE _____
800 E DIVOT DR _____
TEMPE, AZ 85283 _____
Business Phone: (480)350-5250 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

License# 05073045 Renew? _____Yes_____No
Status: Active Status Date: 10/16/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: OLIVER NCUBE _____
Location: ROLLING HILLS GOLF COURSE _____
1405 N MILL AVE _____
TEMPE, AZ 85281 _____
Business Phone: (480)350-5275 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160505

FRED PETER MARTORI
LG&M HOLDINGS LLC
XPLICIT SHOWCLUB
150 E WAGON WHEEL DR
PHOENIX AZ 85020

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070293         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FRED PETER MARTORI            ___________________
Location: XPLICIT SHOWCLUB              ___________________
          11701 W GLENDALE AVE          ___________________
          GLENDALE, AZ 85307            ___________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160506

ROGER GORDON BACON
DESERT FOREST GOLF CLUB
DESERT FOREST GOLF CLUB
P O BOX 1399
CAREFREE AZ 85377

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070019         Renew? ______Yes_____No
Status:   Active           Status Date:     2/8/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROGER GORDON BACON            ___________________
Location: DESERT FOREST GOLF CLUB       ___________________
          37207 N MULE TRAIN RD         ___________________
          CAREFREE, AZ 85377            ___________________
Business Phone:     (480)488-4589       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160507

AUDREY ELAINE CORLEY
ETBF PRODUCTIONS LLC
SEVENS
7941 W GLENDALE AVE
GLENDALE AZ 85303

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070637         Renew? ______Yes_____No
Status:   Active           Status Date:     12/27/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AUDREY ELAINE CORLEY          _________________
Location: SEVENS                        _________________
          7941 W GLENDALE AVE           _________________
          GLENDALE, AZ 85303            _________________
Business Phone:     (623)939-6261       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160508

THERESA JUNE MORSE
BRICKROW LLC
5030 LOUNGE
24410 N 58TH LN
GLENDALE AZ 85310

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070022         Renew? ______Yes_____No
Status:   Active           Status Date:     4/22/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            _________________
Location: 5030 LOUNGE                   _________________
          5030 W PEORIA AVE STE 101     _________________
          GLENDALE, AZ 85302            _________________
Business Phone:     (623)435-3997       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160509

H J LEWKOWITZ
DESERT BOTANICAL GARDEN INC
DESERT BOTANICAL GARDEN
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070213         Renew? ______Yes_____No
Status:   Active           Status Date:     8/28/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: DESERT BOTANICAL GARDEN       _________________
          1201 N GALVIN PKWY            _________________
          PHOENIX, AZ 85008             _________________
Business Phone:     (480)481-8134       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160510

MICHAEL JOSEPH CUNEO
BAR PRO INC
PLAYA III
901 W MESQUITE ST
CHANDLER AZ 85224

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070688         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL JOSEPH CUNEO          ___________________
Location: PLAYA III                     ___________________
          1615 N GRANITE REEF RD        ___________________
          SCOTTSDALE, AZ 85257          ___________________
Business Phone:     (480)941-8546       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160511

SEAMUS GERARD MC CAFFREY
GLASGOW CELTIC IRISH PUB & RESTAURANT LLC
ROSIE MCCAFFREY'S IRISH PUB & RESTAURANT
1135 W LAWRENCE LN
PHOENIX AZ 85021

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070476         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SEAMUS GERARD MC CAFFREY      ___________________
Location: ROSIE MCCAFFREY'S IRISH PUB & RESTAURANT___________________
          906 E CAMELBACK RD            ___________________
          PHOENIX, AZ 85014             ___________________
Business Phone:     (602)241-1916       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160512

BRETT CHARLES DRAPER
AZ CLUB LLC
SEVILLE GOLF & COUNTRY CLUB
3030 LBJ FREEWAY STE 600
ATTN: LEGAL DEPT
DALLAS TX 75234

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070567         Renew? ______Yes_____No
Status:   Active           Status Date:     4/4/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRETT CHARLES DRAPER          ___________________
Location: SEVILLE GOLF & COUNTRY CLUB   ___________________
          6683 S CLUBHOUSE DR           ___________________
          GILBERT, AZ 85297             ___________________
Business Phone:     (480)722-8100       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160513

H J LEWKOWITZ
VTLL LLC
DISTRICT AT TEMPE MARKETPLACE
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070600         Renew? ______Yes_____No
Status:   Inactive         Status Date:     12/9/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: DISTRICT AT TEMPE MARKETPLACE _________________
          2000 E RIO SALADO PKWY STE C6   __________________
          TEMPE, AZ 85281               _________________
Business Phone:     (602)553-2619       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160514

DAVID LEE WIMBERLEY
GEORGE & DRAGON INC
GEORGE & DRAGON
4240 N CENTRAL AVE
PHOENIX AZ 85013

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070153         Renew? ______Yes_____No
Status:   Active           Status Date:     1/27/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID LEE WIMBERLEY           _________________
Location: GEORGE & DRAGON               _________________
          4240 N CENTRAL AVE            _________________
          PHOENIX, AZ 85012             _________________
Business Phone:     (602)241-0018       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160515

ARIEL RODRIGUEZ
AMERICAN LEGION #2
AMERICAN LEGION POST #2
2125 S INDUSTRIAL PARK
TEMPE AZ 85282

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070032         Renew? ______Yes_____No
Status:   Active           Status Date:     2/12/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ARIEL  RODRIGUEZ              ___________________
Location: AMERICAN LEGION POST #2       ___________________
          2125 S INDUSTRIAL PARK AVE    ___________________
          TEMPE, AZ 85282               ___________________
Business Phone:     (480)967-2968       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160516

DAVID MICHAEL BONCZKIEWICZ
PULASKI CLUB OF PHOENIX INC
PULASKI CLUB
4331 E MCDOWELL
PHOENIX AZ 85008

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070107         Renew? ______Yes_____No
Status:   Active           Status Date:     2/19/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID MICHAEL BONCZKIEWICZ    __________________
Location: PULASKI CLUB                  __________________
          4331 E MCDOWELL RD            __________________
          PHOENIX, AZ 85008             __________________
Business Phone:     (602)275-9329       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160517

MUSTAFA ALPER ADLI
EMR GOLF CLUB LLC
GOLF CLUB OF ESTRELLA
5090 N 40TH ST # 210
PHOENIX AZ 85018

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070401         Renew? ______Yes_____No
Status:   Active           Status Date:     11/9/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MUSTAFA ALPER ADLI            ___________________
Location: GOLF CLUB OF ESTRELLA         ___________________
          11800 S GOLF CLUB DR          ___________________
          GOODYEAR, AZ 85338            ___________________
Business Phone:     (623)386-2600       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160518

STEVEN A RICHARDSON
PARADISE VALLEY COUNTRY CLUB INC
PARADISE VALLEY COUNTRY CLUB
7101 N TATUM BLVD
PARADISE VALLEY AZ 85253

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070068         Renew? ______Yes_____No
Status:   Active           Status Date:     2/1/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEVEN A RICHARDSON           ___________________
Location: PARADISE VALLEY COUNTRY CLUB  ___________________
          7101 N TATUM BLVD             ___________________
          PARADISE VALLEY, AZ 85253     ___________________
Business Phone:     (602)840-8100       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160519

EDWIN LEE PARKER
MEL SPORT LLC
LEGENDS SPORTS BAR & RESTAURANT
21220 N 19TH AVE
PHOENIX AZ 85027

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070333         Renew? ______Yes_____No
Status:   Inactive         Status Date:     12/16/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EDWIN LEE PARKER              ___________________
Location: LEGENDS SPORTS BAR & RESTAURANT___________________
          412 S 3RD ST                  ___________________
          PHOENIX, AZ 85004             ___________________
Business Phone:     (602)254-5272       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160520

RANDY D NATIONS
DART BAR LLC
BULL SHOOTERS
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070511         Renew? ______Yes_____No
Status:   Active           Status Date:     11/6/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: BULL SHOOTERS                 ___________________
          3337 W PEORIA AVE             ___________________
          PHOENIX, AZ 85029             ___________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160521

ANDREA DAHLMAN LEWKOWITZ
CP BOULDERS LLC
BOULDERS RESORT
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070474         Renew? ______Yes_____No
Status:   Active           Status Date:     8/7/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: BOULDERS RESORT               ___________________
          34631 N TOM DARLINGTON RD     ___________________
          SCOTTSDALE, AZ 85262          ___________________
Business Phone:     (480)488-9009       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160522

DENISE ANN HOLLIDAY
1 D-AND-D LLC
NABERS
825 N 54TH ST
CHANDLER AZ 85226

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070620         Renew? ______Yes_____No
Status:   Active           Status Date:     2/5/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DENISE ANN HOLLIDAY           _________________
Location: NABERS                        _________________
          825 N 54TH ST                 _________________
          CHANDLER, AZ 85226            _________________
Business Phone:     (480)705-0288       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160523

NADEZDA KRSTIC
MESA EAST BOWL INC
MESA EAST BOWL
9260 E BROADWAY RD
MESA AZ 85208

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06073006         Renew? ______Yes_____No
Status:   Active           Status Date:     5/11/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NADEZDA  KRSTIC               ___________________
Location: MESA EAST BOWL                ___________________
          9260 E BROADWAY RD            ___________________
          MESA, AZ 85208                ___________________
Business Phone:     (480)984-1158       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160524

CHRISTINE ELLEN FINOCCHIARO
KSR GOLF PARTNERS LLC
PALMBROOK COUNTRY CLUB
9350 W GREENWAY
SUN CITY AZ 85351

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06073509         Renew? ______Yes_____No
Status:   Active           Status Date:     12/15/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHRISTINE ELLEN FINOCCHIARO   __________________
Location: PALMBROOK COUNTRY CLUB        __________________
          9350 W GREENWAY               __________________
          SUN CITY, AZ 85351            __________________
Business Phone:     (623)977-8333       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160525

ELISA SERRANO
BB & N LLC
BUKKANNA'S BAR
5400 N 59 AVE
GLENDALE AZ 85301

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070184         Renew? ______Yes_____No
Status:   Active           Status Date:     3/13/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ELISA  SERRANO                _________________
Location: BUKKANNA'S BAR                _________________
          5400 N 59TH AVE               _________________
          GLENDALE, AZ 85301            _________________
Business Phone:     (623)934-9382       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160526

SCOTT EDWARD BAER
FRANKS FRIENDLY TAVERN INC
BAER'S DEN
P O BOX 7339
TEMPE AZ 85281

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06071008         Renew? ______Yes_____No
Status:   Pending          Status Date:     12/15/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SCOTT EDWARD BAER             ___________________
Location: BAER'S DEN                    ___________________
          925 E APACHE BLVD             ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (480)517-9544       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160527

COLLIN LEROY THORSTENSON
HOGS & HORSES LLC
HOGS AND HORSES
5632 E YUCCA RD
CAVE CREEK AZ 85331

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070327         Renew? ______Yes_____No
Status:   Active           Status Date:     9/27/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    COLLIN LEROY THORSTENSON      _________________
Location: HOGS AND HORSES               _________________
          6705 E CAVE CREEK RD          _________________
          CAVE CREEK, AZ 85331          _________________
Business Phone:     (480)488-2789       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160528

RANDY D NATIONS
INTREPID INVESTMENTS LLC
BEVVY
P O BOX 2502
CHANDLER TX 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070414         Renew? ______Yes_____No
Status:   Active           Status Date:     2/7/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: BEVVY                         ___________________
          4420 N SADDLEBAG TRAIL #100   ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)525-9300       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160529

NICHOLAS CARL GUTTILLA
TOPGOLF USA RIVERWALK LLC
TOPGOLF AT RIVERWALK
C/O GUTTILLA MURPHY ANDERSON
5415 E HIGH ST #200
PHOENIX AZ 85054

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070514         Renew? ______Yes_____No
Status:   Active           Status Date:     5/7/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        ___________________
Location: TOPGOLF AT RIVERWALK          ___________________
          9500 E INDIAN BEND RD         ___________________
          SCOTTSDALE, AZ 85256          ___________________
Business Phone:     (480)240-2402       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160530

ANDREA DAHLMAN LEWKOWITZ
KIMPTON ARIZONA LICENSES HOLDINGS LLC
FIRESKY RESORT & SPA
222 KEARNY ST STE 200
SAN FRANCISCO CA 94108

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070081         Renew? ______Yes_____No
Status:   Active           Status Date:     2/7/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: FIRESKY RESORT & SPA          _________________
          4925 N SCOTTSDALE RD          _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (480)945-7666       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160531

PHILLIP BRUCE MARCUS
MARCIANTI INVESTMENT PROPERTIES LLC
HAMBONE
903 E MAIN ST
MESA AZ 85203

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070244         Renew? ______Yes_____No
Status:   Active           Status Date:     8/30/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PHILLIP BRUCE MARCUS          _________________
Location: HAMBONE                       _________________
          903 E MAIN ST                 _________________
          MESA, AZ 85203                _________________
Business Phone:     (480)833-9839       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160532

H J LEWKOWITZ
SUNSET ENTERTAINMENT INC
CHRISTIE'S CABARET
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070643         Renew? ______Yes_____No
Status:   Active           Status Date:     11/30/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: CHRISTIE'S CABARET            _________________
          44 N 32ND ST                  _________________
          PHOENIX, AZ 85034             _________________
Business Phone:     (602)275-3095       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160533

MARION HOOPER
QUAESTOR INVESTMENTS LLC
TRACKSIDE BAR & GRILL
P O BOX 2482
SUN CITY AZ 85372

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070703         Renew? ______Yes_____No
Status:   Active           Status Date:     8/21/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARION  HOOPER                _________________
Location: TRACKSIDE BAR & GRILL         _________________
          19194 W GORDON WAY            _________________
          SURPRISE, AZ 85374            _________________
Business Phone:     (623)388-0800       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160534

STEPHEN JOHN DALLAS
AMCC INC
ALTA MESA COUNTRY CLUB
1460 N ALTA MESA DR
MESA AZ 85205

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070053         Renew? ______Yes_____No
Status:   Active           Status Date:     2/7/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEPHEN JOHN DALLAS           ___________________
Location: ALTA MESA COUNTRY CLUB        ___________________
          1460 N ALTA MESA DR           ___________________
          MESA, AZ 85205                ___________________
Business Phone:     (480)832-3257       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160535

CAROLYN VICTORIA DIEBOL
LARRY'S PLACE LLC
LARRY'S PLACE
20033 N CAVE CREEK RD
PHOENIX AZ 85024

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070356         Renew? ______Yes_____No
Status:   Active           Status Date:     6/5/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CAROLYN VICTORIA DIEBOL       _________________
Location: LARRY'S PLACE                 _________________
          20027 N CAVE CREEK RD         _________________
          PHOENIX, AZ 85024             _________________
Business Phone:     (602)569-9912       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160536

STEVEN ALLAN COHN
PHXHOTEL LLC
RENAISSANCE PHOENIX DOWNTOWN HOTEL
ATTN: DIRECTOR OF FINANCE
50 E ADAMS ST
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070399         Renew? ______Yes_____No
Status:   Active           Status Date:     10/14/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEVEN ALLAN COHN             ___________________
Location: RENAISSANCE PHOENIX DOWNTOWN HOTEL___________________
          50 E ADAMS ST                 ___________________
          PHOENIX, AZ 85004             ___________________
Business Phone:     (602)333-0000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160537

WILLIAM F CUPO
ARAMARK SPORTS & ENTERTAINMENT SERVICES LLC
ORPHEUM
610 SMITHFIELD ST STE 300
FLAHERTY & OHARA PC
PITTSBURGH PA 15222

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070106         Renew? ______Yes_____No
Status:   Active           Status Date:     3/26/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM F CUPO                _________________
Location: ORPHEUM                       _________________
          203 W ADAMS ST                _________________
          PHOENIX, AZ 85003             _________________
Business Phone:     (602)534-5611       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  06070209         Renew? ______Yes_____No
Status:   Active           Status Date:     9/26/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM F CUPO                _________________
Location: PHOENIX CONVENTION CENTER     _________________
          100 N 3RD ST                  _________________
          PHOENIX, AZ 85004             _________________
Business Phone:     (602)262-2892       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160538

SIOBHAN MARIE TOBIN
GALWAY INC
O'CONNORS PUB
2601 W DUNLAP AVE STE 7
PHOENIX AZ 85021

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070704         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SIOBHAN MARIE TOBIN           ___________________
Location: O'CONNORS PUB                 ___________________
          2601 W DUNLAP AVE STE 7       ___________________
          PHOENIX, AZ 85021             ___________________
Business Phone:     (602)997-7714       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160539

WILLIAM HARTMAN VOSS
VOSS ENTERPRISES LLC
GYPSY'S ROADHOUSE
5122 E MCDOWELL RD
PHOENIX AZ 85008

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070591         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM HARTMAN VOSS          ___________________
Location: GYPSY'S ROADHOUSE             ___________________
          5122 E MCDOWELL RD            ___________________
          PHOENIX, AZ 85008             ___________________
Business Phone:     (602)286-9251       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160540

DALE LYNN BLOMKER
BPOE #2559
BPOE #2559
10760 W UNION HILLS DR
SUN CITY AZ 85373

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070035         Renew? ______Yes_____No
Status:   Active           Status Date:     2/1/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DALE LYNN BLOMKER             ___________________
Location: BPOE #2559                    ___________________
          10760 W UNION HILLS DR        ___________________
          SUN CITY, AZ 85373            ___________________
Business Phone:     (623)972-9552       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160541

ERIC DWIGHT KNOX
FORT KNOX HOLDINGS LLC
JIMBO'S SPORTS BAR & GRILL
12224 N 51ST AVE
GLENDALE AZ 85304

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070627         Renew? ______Yes_____No
Status:   Active           Status Date:     1/20/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERIC DWIGHT KNOX              ___________________
Location: JIMBO'S SPORTS BAR & GRILL    ___________________
          12224 N 51ST AVE              ___________________
          GLENDALE, AZ 85304            ___________________
Business Phone:     (602)298-1500       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160542

H J LEWKOWITZ
AHWATUKEE GOLF PROPERTIES LLC
AHWATUKEE COUNTRY CLUB
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06070214 Renew? _____Yes_____No
Status: Active Status Date: 4/19/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: H J LEWKOWITZ _____
Location: AHWATUKEE COUNTRY CLUB _____
12432 S 48TH ST _____
PHOENIX, AZ 85044 _____
Business Phone: (480)893-9772 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070434 Renew? _____Yes_____No
Status: Active Status Date: 4/3/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: FOOTHILLS GOLF CLUB _____
2201 E CLUBHOUSE DR _____
PHOENIX, AZ 85048 _____
Business Phone: (480)460-4653 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070712 Renew? _____Yes_____No
Status: Active Status Date: 8/29/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: CLUB WEST GOLF COURSE _____
16400 S 14TH AVE _____
PHOENIX, AZ 85045 _____
Business Phone: (480)460-4400 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160543

DANIEL RONALD KRAATZ
ESTANCIA CLUB INC
ESTANCIA
27998 N 99TH PL
SCOTTSDALE AZ 85262

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14073003         Renew? ______Yes_____No
Status:   Active           Status Date:     2/1/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANIEL RONALD KRAATZ          ___________________
Location: ESTANCIA                      ___________________
          27998 N 99TH PL               ___________________
          SCOTTSDALE, AZ 85262          ___________________
Business Phone:     (480)473-4400       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160544

MICHAEL E CARR
MICHAEL'S DESIGNS INC
MICHAEL'S AT PARK CENTRAL
14175 W INDIAN SCHOOL RD #B4-234
GOODYEAR AZ 85395

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070320         Renew? ______Yes_____No
Status:   Active           Status Date:     11/6/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL E CARR                _________________
Location: MICHAEL'S AT PARK CENTRAL     _________________
          3110 N CENTRAL AVE #140       _________________
          PHOENIX, AZ 85012             _________________
Business Phone:     (602)248-2233       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160545

ROBERT EDWARD JONES, II
DESERT MOUNTAIN CLUB INC
DESERT MOUNTAIN CLUB OUTLAW CLUBHOUSE
10550 E DESERT HILLS DR
SCOTTSDALE AZ 85262

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14073059         Renew? ______Yes_____No
Status:   Active           Status Date:     3/29/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT EDWARD JONES, II       ___________________
Location: DESERT MOUNTAIN CLUB OUTLAW CLUBHOUSE___________________
          41045 N CAVE CREEK RD         ___________________
          SCOTTSDALE, AZ 85262          ___________________
Business Phone:     (480)595-4000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00

-------------------------------------------------------------------------------
License#  14073060         Renew? ______Yes_____No
Status:   Active           Status Date:     3/29/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT EDWARD JONES, II       ___________________
Location: DESERT MOUNTAIN CLUB          ___________________
          10333 ROCKAWAY HILLS          ___________________
          SCOTTSDALE, AZ 85262          ___________________
Business Phone:     (480)595-4000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160546

RANDY D NATIONS
CLUB CONSULTANTS LLC
FOX'S CABARET
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070010         Renew? ______Yes_____No
Status:   Active           Status Date:     3/5/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: FOX'S CABARET                 ___________________
          3522 GRAND AVE                ___________________
          PHOENIX, AZ 85019             ___________________
Business Phone:     (602)466-3276       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160547

ANDREA DAHLMAN LEWKOWITZ
BENTLEY PROJECTS LLC
WAREHOUSE 215
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070200         Renew? ______Yes_____No
Status:   Active           Status Date:     8/20/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: WAREHOUSE 215                 ___________________
          215 E GRANT ST                ___________________
          PHOENIX, AZ 85004             ___________________
Business Phone:     (602)750-5234       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160548

SI MING SIO
ARENA ARIZONA LLC
ELEMENT 14
2323 N CENTRAL AVE UNIT 1104
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070215         Renew? ______Yes_____No
Status:   Inactive         Status Date:     5/1/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SI MING  SIO                  _________________
Location: ELEMENT 14                    _________________
          718 N CENTRAL AVE             _________________
          PHOENIX, AZ 85004             _________________
Business Phone:     (480)264-4188       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160549

MARY JANE SUFFRON ALEXANDER
DMB VERRADO GOLF I LLC
VERRADO GOLF CLUB
7600 E DOUBLETREE RANCH RD #300
SCOTTSDALE AZ 85258

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070131         Renew? ______Yes_____No
Status:   Active           Status Date:     2/1/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARY JANE SUFFRON ALEXANDER   ___________________
Location: VERRADO GOLF CLUB             ___________________
          4242 N GOLF DR                ___________________
          BUCKEYE, AZ 85396             ___________________
Business Phone:     (623)388-3013       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160550

TAMI LOISEL BOLIN
DO DROP IN LLC
DO DROP IN
9501 N 7TH ST
PHOENIX AZ 85020

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070066         Renew? ______Yes_____No
Status:   Active           Status Date:     5/8/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TAMI LOISEL BOLIN             _________________
Location: DO DROP IN                    _________________
          9501 N 7TH ST                 _________________
          PHOENIX, AZ 85020             _________________
Business Phone:     (602)944-1323       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160551

BYRON GREG WILLIAMS
VIK BANKS LLC
SILVER PONY COCKTAIL LOUNGE
620 W DOBBINS ROAD
PHOENIX AZ 85041

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070415         Renew? ______Yes_____No
Status:   Active           Status Date:     5/26/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BYRON GREG WILLIAMS           ___________________
Location: SILVER PONY COCKTAIL LOUNGE   ___________________
          620 W DOBBINS RD              ___________________
          PHOENIX, AZ 85041             ___________________
Business Phone:     (602)268-9902       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160552

RALPH AMMACCAPANE, JR.
DAN-DI INC
AMMACCAPANE'S
13470 N 7TH ST
PHOENIX AZ 85022

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070349         Renew? ______Yes_____No
Status:   Active           Status Date:     6/26/1992
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RALPH  AMMACCAPANE, JR.       _________________
Location: AMMACCAPANE'S                 _________________
          13470 N 7TH ST                _________________
          PHOENIX, AZ 85022             _________________
Business Phone:     (602)863-1199       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160553

DEBRA JO CLARK
BPOE #2148
BPOE #2148
6398 E OAK ST
SCOTTSDALE AZ 85257

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14070057         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEBRA JO CLARK                _________________
Location: BPOE #2148                    _________________
          6398 E OAK ST                 _________________
          SCOTTSDALE, AZ 85257          _________________
Business Phone:     (602)946-9368       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160554

ANDREA DAHLMAN LEWKOWITZ
B & T CONCEPTS AT LUHRS LLC
BITTER & TWISTED
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070619         Renew? ______Yes_____No
Status:   Active           Status Date:     2/10/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: BITTER & TWISTED              _________________
          1 W JEFFERSON ST              _________________
          PHOENIX, AZ 85003             _________________
Business Phone:     (602)456-0373       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160555

LAURIE A LEGGE
HOOT OWL COCKTAILS INC
HOOT OWL COCKTAILS
4361 W BELL RD
PHOENIX AZ 85308

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070079         Renew? ______Yes_____No
Status:   Active           Status Date:     1/2/1992
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAURIE A LEGGE                _________________
Location: HOOT OWL COCKTAILS            _________________
          4361 W BELL RD                _________________
          GLENDALE, AZ 85308            _________________
Business Phone:     (602)938-9937       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160556

WAYNE EDWIN ROEDIGER
RUMORS SPORTS BAR & GRILL LLC
RUMORS SPORTS BAR
16846 W BELL RD STE 100
SURPRISE AZ 85374

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070646         Renew? ______Yes_____No
Status:   Active           Status Date:     5/21/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WAYNE EDWIN ROEDIGER          _________________
Location: RUMORS SPORTS BAR             _________________
          16846 W BELL ROAD STE 100     _________________
          SURPRISE, AZ 85374            _________________
Business Phone:     (623)584-8250       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160557

NATHAN JOSEPH TORRES
CITY OF GOODYEAR
CITY OF GOODYEAR BALL PARK
190 N LITCHFIELD RD
PO BOX 5100
GOODYEAR AZ 85338

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  05073027         Renew? ______Yes_____No
Status:   Active           Status Date:     1/13/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NATHAN JOSEPH TORRES          ___________________
Location: CITY OF GOODYEAR BALL PARK    ___________________
          1933 S BALL PARK WAY          ___________________
          GOODYEAR, AZ 85338            ___________________
Business Phone:     (623)882-3120       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160558

RYAN SEBASTIAN SCOTT
ENDGAME LLC
ENDGAME
2121 W MAIN ST #2048
MESA AZ 85201

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06073500         Renew? ______Yes_____No
Status:   Active           Status Date:     3/2/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RYAN SEBASTIAN SCOTT          _________________
Location: ENDGAME                       _________________
          699 S MILL AVE STE 201        _________________
          TEMPE, AZ 85281               _________________
Business Phone:     (480)280-9014       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160559

JOSEPH MICHAEL KENNEDY
VINE INVESTMENTS INC
VINE TAVERN & EATERY
801 E APACHE BLVD
TEMPE AZ 85281

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070376         Renew? ______Yes_____No
Status:   Active           Status Date:     2/12/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSEPH MICHAEL KENNEDY        ___________________
Location: VINE TAVERN & EATERY          ___________________
          801 E APACHE BLVD             ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (480)894-2662       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160560

ROBERT H WINKLER
WINKLER ROBERT ET AL
LA CABANA SALOON
132 E WICKENBURG WAY
WICKENBURG AZ 85390

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070479         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT H WINKLER              ___________________
Location: LA CABANA SALOON              ___________________
          132 E WICKENBURG WAY          ___________________
          WICKENBURG, AZ 85390          ___________________
Business Phone:     (928)684-7671       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160561

H J LEWKOWITZ
SANTOR RESTAURANTS LLC
EL CHORRO LODGE
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070722         Renew? ______Yes_____No
Status:   Active           Status Date:     11/19/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: EL CHORRO LODGE               ___________________
          5550 E LINCOLN DR             ___________________
          PARADISE VALLEY, AZ 85253     ___________________
Business Phone:     (480)948-5170       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160562

DAVID HAROLD SMITH
SOLOFRA FINANCIAL LTD
BIG DADDY'S SPORTS LOUNGE
10618 N CAVE CREEK RD
PHOENIX AZ 85020

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070727         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID HAROLD SMITH            ___________________
Location: BIG DADDY'S SPORTS LOUNGE     ___________________
          10618 N CAVE CREEK RD         ___________________
          PHOENIX, AZ 85020-1404        ___________________
Business Phone:     (602)861-1034       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160563

MITCHELL EVAN STEVENS
LUCIE'S SAGE & SAND LLC
SAGE & SAND GRILL
P O BOX 315
WADDELL AZ 85355

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070539         Renew? ______Yes_____No
Status:   Active           Status Date:     10/8/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MITCHELL EVAN STEVENS         _________________
Location: SAGE & SAND GRILL             _________________
          13831 W GLENDALE AVE          _________________
          GLENDALE, AZ 85307            _________________
Business Phone:     (623)935-5810       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160564

QUINTON CHARLES KUBICEK
CQ ENTERPRISES LLC
RECOVERY ROOM
2027 W BETHANY HOME RD
PHOENIX AZ 85015

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070310         Renew? ______Yes_____No
Status:   Active           Status Date:     3/25/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    QUINTON CHARLES KUBICEK       _________________
Location: RECOVERY ROOM                 _________________
          2027 W BETHANY HOME RD        _________________
          PHOENIX, AZ 85015-2444        _________________
Business Phone:     (602)246-6456       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160565

PEDRO U MARQUES
EL CAPRI ENTERTAINMENT OPERATIONS INC
EL CAPRI
2135 E VAN BUREN AVE
PHOENIX AZ 85006

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070375         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PEDRO U MARQUES               ___________________
Location: EL CAPRI                      ___________________
          2135 E VAN BUREN AVE          ___________________
          PHOENIX, AZ 85006             ___________________
Business Phone:     (602)244-0551       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160566

RANDY D NATIONS
GLENBEIGH INC
O'KELLEY'S SPORTS BAR & GRILL
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06071012         Renew? ______Yes_____No
Status:   Active           Status Date:     6/2/1993
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: O'KELLEY'S SPORTS BAR & GRILL ___________________
          2120 W GUADALUPE #9           ___________________
          MESA, AZ 85202                ___________________
Business Phone:     (480)756-6069       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160567

CHARLES NASSER
CHARLEY'S STEAK HOUSE
P O BOX 253
WICKENBURG AZ 85358

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070443         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: CHARLEY'S STEAK HOUSE         _________________
          1187 W WICKENBURG WAY         _________________
          WICKENBURG, AZ 85390          _________________
Business Phone:     (602)684-2413       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160568

VICTOR SAMUEL CABELLOS
CABELLOS ENTERPRISES LLC
CATALINA SPORTS BAR & GRILL
2939 N 16 ST
PHOENIX AZ 85016

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070455         Renew? ______Yes_____No
Status:   Active           Status Date:     4/5/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VICTOR SAMUEL CABELLOS        ___________________
Location: CATALINA SPORTS BAR & GRILL   ___________________
          2939 N 16TH ST                ___________________
          PHOENIX, AZ 85016             ___________________
Business Phone:     (602)274-1320       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160569

VIKKI LYNN MORLEY
SCOTTSDALE HOUSE INC
SCOTTSDALE HOUSE
4800 N 68TH ST
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14073076         Renew? ______Yes_____No
Status:   Active           Status Date:     10/19/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VIKKI LYNN MORLEY             ___________________
Location: SCOTTSDALE HOUSE              ___________________
          4800 N 68TH ST                ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)947-2292       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160570

ANDREA DAHLMAN LEWKOWITZ
GIDEONTOAL MANAGEMENT SERVICES LLC
CLUB AT PHX
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14073071         Renew? ______Yes_____No
Status:   Active           Status Date:     3/20/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: CLUB AT PHX                   _________________
          3800 E SKY HARBOR BLVD T4 N4 IC-CLUB LEVEL  __________________
          PHOENIX, AZ 85034             _________________
Business Phone:     pending             __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160571

RAYMOND P DZNOWSKI
TOURNAMENT PLAYERS CLUB OF SCOTTSDALE
TOURNAMENT PLAYERS CLUB
17020 N HAYDEN RD
SCOTTSDALE AZ 85255

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070326         Renew? ______Yes_____No
Status:   Active           Status Date:     2/15/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RAYMOND P DZNOWSKI            ___________________
Location: TOURNAMENT PLAYERS CLUB       ___________________
          17020 N HAYDEN RD             ___________________
          SCOTTSDALE, AZ 85255          ___________________
Business Phone:     (480)585-4334       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160572

ADA WANELL COSTELLO
ARIZONA EXPOSITION AND STATE FAIR
ARIZONA EXPOSITION AND STATE FAIR
1826 W MCDOWELL RD
PHOENIX AZ 85007

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  05073002         Renew? ______Yes_____No
Status:   Active           Status Date:     9/13/1996
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ADA WANELL COSTELLO           _________________
Location: ARIZONA EXPOSITION AND STATE FAIR_________________
          1826 W MC DOWELL RD           _________________
          PHOENIX, AZ 85007             _________________
Business Phone:     (602)252-6771       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160573

WILLIAM GLEN JOHNSON
DAV #20
DAV #20
8447 N 61ST AVE
GLENDALE AZ 85302

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070021         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM GLEN JOHNSON          ___________________
Location: DAV #20                       ___________________
          8447 N 61ST AVE               ___________________
          GLENDALE, AZ 85302            ___________________
Business Phone:     (623)931-7320       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160574

ROBERT TUCKER WOODBURY
LINGER LONGER ENTERTAINMENT LLC
LITTLE WOODY
4228 E INDIAN SCHOOL RD
PHOENIX AZ 85018

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070148         Renew? ______Yes_____No
Status:   Active           Status Date:     3/14/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT TUCKER WOODBURY        ___________________
Location: LITTLE WOODY                  ___________________
          4228 E INDIAN SCHOOL RD       ___________________
          PHOENIX, AZ 85018             ___________________
Business Phone:     (602)955-0339       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160575

LETHA A LUCERO
LETHA'S INC
ENOCH'S SPORTS LOUNGE
6750 W PEORIA
PEORIA AZ 85345

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06071010         Renew? ______Yes_____No
Status:   Active           Status Date:     2/13/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LETHA A LUCERO                _________________
Location: ENOCH'S SPORTS LOUNGE         _________________
          6750 W PEORIA                 _________________
          PEORIA, AZ 85345              _________________
Business Phone:     (623)878-6296       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160576

ANDREA DAHLMAN LEWKOWITZ
NO NAME SALOON LLC
NO NAME SALOON
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070199         Renew? ______Yes_____No
Status:   Active           Status Date:     9/26/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: NO NAME SALOON                _________________
          7419 E INDIAN PLAZA #B        _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (480)839-3110       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160577

RONALD SCOTT MERINO
HOT IN THE DESERT INVESTMENTS LLC
DIRTY DIABLO
111 S FOREST
MESA AZ 85204

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070266         Renew? ______Yes_____No
Status:   Active           Status Date:     11/10/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RONALD SCOTT MERINO           ___________________
Location: DIRTY DIABLO                  ___________________
          1241 E BROADWAY RD #17        ___________________
          MESA, AZ 85204                ___________________
Business Phone:     (480)656-2786       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160578

DAVID MICHAEL HILL
DP HILL LLC
NORTH CENTRAL SPORTS BAR
4202 E WHITNEY LN
PHOENIX AZ 85032

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070101         Renew? ______Yes_____No
Status:   Active           Status Date:     7/1/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID MICHAEL HILL            ___________________
Location: NORTH CENTRAL SPORTS BAR      ___________________
          1170 E NORTHERN AVE           ___________________
          PHOENIX, AZ 85020             ___________________
Business Phone:     (602)870-1599       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160579

MARK ALLEN BRADSHAW
CAVE CREEK TAP HAUS LLC
HIDEAWAY'S ROADHOUSE
PO BOX 368
CAVE CREEK AZ 85327

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070423         Renew? ______Yes_____No
Status:   Active           Status Date:     7/16/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARK ALLEN BRADSHAW           _________________
Location: HIDEAWAY'S ROADHOUSE          _________________
          6900 E CAVE CREEK RD          _________________
          CAVE CREEK, AZ 85331          _________________
Business Phone:     (480)488-3300       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160580

NICHOLAS CARL GUTTILLA
SUN CITY GRAND COMMUNITY ASSOCIATION INC
SUN CITY GRAND COMMUNITY ASSOCIATION
19753 N REMINGTON DR
SURPRISE AZ 85374

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06071016         Renew? ______Yes_____No
Status:   Active           Status Date:     3/8/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        ___________________
Location: SUN CITY GRAND COMMUNITY ASSOCIATION___________________
          19726 N REMINGTON DR          ___________________
          SURPRISE, AZ 85374            ___________________
Business Phone:     (623)546-7468       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160581

RANDY D NATIONS
SCOTTSDALE VENETIAN VILLAGE LLC
DAYS HOTEL SCOTTSDALE/PAPI CHULO'S
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070723         Renew? ______Yes_____No
Status:   Active           Status Date:     3/5/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: DAYS HOTEL SCOTTSDALE/PAPI CHULO'S___________________
          5101 N SCOTTSDALE RD          ___________________
          SCOTTSDALE, AZ 85250          ___________________
Business Phone:     (480)945-4392       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160582

JOSEPH HUBAY DIES
TYC LLC
TYC
4501 N SCOTTSDALE RD #201
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070331         Renew? ______Yes_____No
Status:   Active           Status Date:     11/25/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSEPH HUBAY DIES             _________________
Location: TYC                           _________________
          7301 E INDIAN PLAZA           _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (480)361-1030       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160583

ROBERT WILLIARD TOTMAN
V F W #1433
V F W #1433
7618 N 63RD AVE
C/O SANDY COOR
GLENDALE AZ 85301

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070028         Renew? ______Yes_____No
Status:   Active           Status Date:     2/7/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT WILLIARD TOTMAN        ___________________
Location: V F W #1433                   ___________________
          7618 N 63RD AVE               ___________________
          GLENDALE, AZ 85301            ___________________
Business Phone:     (602)937-5200       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160584

CHERYL MARIE RYAN
CULINAIRE INTERNATIONAL INC
EMBASSY SUITES HOTEL
2100 ROSS AVE #3100
DALLAS TX 75201

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070538         Renew? ______Yes_____No
Status:   Active           Status Date:     2/5/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHERYL MARIE RYAN             _________________
Location: EMBASSY SUITES HOTEL          _________________
          2630 E CAMELBACK RD           _________________
          PHOENIX, AZ 85016             _________________
Business Phone:     (602)955-3992       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160585

J DUANE CAMPBELL
L W'S HIDE A WAY
9098 W PINNACLE PEAK RD
PEORIA AZ 85383

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06073003         Renew? ______Yes_____No
Status:   Pending          Status Date:     10/2/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: L W'S HIDE A WAY              _________________
          9098 W PINNACLE PEAK RD       _________________
          PEORIA, AZ 85383              _________________
Business Phone:     (623)972-6133       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160586

JARED MICHAEL REPINSKI
STRAIGHT A + LLC
NACHO MAMA'S BAR & GRILL
5235 S KYRENE RD #104-105
TEMPE AZ 85283

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070437         Renew? ______Yes_____No
Status:   Active           Status Date:     3/27/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARED MICHAEL REPINSKI        ___________________
Location: NACHO MAMA'S BAR & GRILL      ___________________
          5235 S KYRENE RD #104-105     ___________________
          TEMPE, AZ 85283               ___________________
Business Phone:     (480)345-6262       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160587

GREG EDWIN MILLER
COMMONWEALTH ROYAL PALMS OPERATING CORP
ROYAL PALMS HOTEL & CASITAS
C/O LOWE ENTERPRISES INC
11777 SAN VICENTE BLVD STE 900
LOS ANGELES CA 90049

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070525         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GREG EDWIN MILLER             ___________________
Location: ROYAL PALMS HOTEL & CASITAS   ___________________
          5200 E CAMELBACK RD           ___________________
          PHOENIX, AZ 85018             ___________________
Business Phone:     (602)840-3610       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160588

MYRA FLOY CURTIS
ROMAN'S OASIS LLC
ROMAN'S OASIS
16825 W YUMA RD
GOODYEAR AZ 85338

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070797         Renew? ______Yes_____No
Status:   Active           Status Date:     10/28/1987
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MYRA FLOY CURTIS              _________________
Location: ROMAN'S OASIS                 _________________
          16825 W YUMA RD               _________________
          GOODYEAR, AZ 85338            _________________
Business Phone:     (602)932-0922       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160589

H J LEWKOWITZ
SUNVEN ENTERTAINMENT GROUP INC
MARQUEE THEATER
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070263         Renew? ______Yes_____No
Status:   Active           Status Date:     5/10/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: MARQUEE THEATER               _________________
          730 N MILL AVE                _________________
          TEMPE, AZ 85281               _________________
Business Phone:     (480)829-0607       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160590

BART STEVEN GERBER
CHURCHILL'S FINE CIGARS LLC
CHURCHILL'S FINE CIGARS
5041 N 44TH ST #C7
PHOENIX AZ 85018

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070645         Renew? ______Yes_____No
Status:   Active           Status Date:     10/10/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BART STEVEN GERBER            ___________________
Location: CHURCHILL'S FINE CIGARS       ___________________
          5041 N 44TH ST #C7            ___________________
          PHOENIX, AZ 85018             ___________________
Business Phone:     (602)840-9080       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160591

RANDY D NATIONS
CRGE CITYNORTH LLC
COWBOYS SALOON & GRILL
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070477         Renew? ______Yes_____No
Status:   Inactive         Status Date:     9/3/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: COWBOYS SALOON & GRILL        ___________________
          5310 E HIGH ST BLDG A3 #115   ___________________
          PHOENIX, AZ 85054             ___________________
Business Phone:     (382)427-7864       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160592

MELANIE BETH ODELL
Z GIRL CLUB INC
R LOUNGE
3054 W REDFIELD RD
PHOENIX AZ 85053

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070552         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MELANIE BETH ODELL            _________________
Location: R LOUNGE                      _________________
          4301 N 7TH AVE                _________________
          PHOENIX, AZ 85013             _________________
Business Phone:     (602)265-3233       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160593

DOUGLAS DWAYNE BRACKIN
BAD BOY BRACKIN LLC
ELDORADO BAR AND GRILL
7955 E CHAPARRAL RD #18
SCOTTSDALE AZ 85250

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070299         Renew? ______Yes_____No
Status:   Active           Status Date:     3/5/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DOUGLAS DWAYNE BRACKIN        ___________________
Location: ELDORADO BAR AND GRILL        ___________________
          8708 E MCDOWELL RD            ___________________
          SCOTTSDALE, AZ 85257          ___________________
Business Phone:     (480)945-2606       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160594

LAUREN KAY MERRETT
RUSTY SPUR SALOON LLC
RUSTY SPUR SALOON
736 S LONGMORE ST
CHANDLER AZ 85224

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070136         Renew? ______Yes_____No
Status:   Active           Status Date:     12/27/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAUREN KAY MERRETT            ___________________
Location: RUSTY SPUR SALOON             ___________________
          7245 E MAIN ST                ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)425-7787       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160595

RONALD THOMAS ALBRAND
AMERICAN LEGION #61
AMERICAN LEGION #61
35 N 8TH ST
AVONDALE AZ 85323

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070041         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RONALD THOMAS ALBRAND         ___________________
Location: AMERICAN LEGION #61           ___________________
          35 N 8TH ST                   ___________________
          AVONDALE, AZ 85323            ___________________
Business Phone:     (623)932-4960       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160596

RANDY GENE WOOD
WOODSHED INC
WOODSHED
19 W BASELINE
TEMPE AZ 85283

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070672         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY GENE WOOD               _________________
Location: WOODSHED                      _________________
          19 W BASELINE                 _________________
          TEMPE, AZ 85283               _________________
Business Phone:     (480)831-9663       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160597

WILLIAM JAMES BELITZ
PINNACLE PEAK COUNTRY CLUB INC
PINNACLE PEAK COUNTRY CLUB
8701 E PINNACLE PEAK RD
SCOTTSDALE AZ 85255

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070083         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM JAMES BELITZ          ___________________
Location: PINNACLE PEAK COUNTRY CLUB    ___________________
          8701 E PINNACLE PEAK RD       ___________________
          SCOTTSDALE, AZ 85255          ___________________
Business Phone:     (480)585-6992       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160598

JANOS SANDOR SIMO
CHRISTOPHER J LAPKA AMERICAN LEGION #105
CHRISTOPHER J LAPKA AMERICAN LEGION POST #105
12450 N 35TH AVE STE 20
PHOENIX AZ 85029

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14073077         Renew? ______Yes_____No
Status:   Active           Status Date:     9/29/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JANOS SANDOR SIMO             _________________
Location: CHRISTOPHER J LAPKA AMERICAN LEGION POST #105_________________
          12450 N 35TH AVE STE 20       _________________
          PHOENIX, AZ 85029             _________________
Business Phone:     (602)938-1811       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160599

JASON EVERETT MC DADE
MC DADE ENTERTAINMENT LLC
NEW NORTON'S COUNTRY CORNER
4126 E CAMDEN AVE
QUEEN CREEK AZ 85142

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070057         Renew? ______Yes_____No
Status:   Active           Status Date:     3/16/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JASON EVERETT MC DADE         ___________________
Location: NEW NORTON'S COUNTRY CORNER   ___________________
          20835 E OCOTILLO RD           ___________________
          QUEEN CREEK, AZ 85142         ___________________
Business Phone:     (480)882-1231       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160600

ALFRED N FRANCO
AMERICAN LEGION #62
AMERICAN LEGION #62
9847 W DESERT COVE AVE
PEORIA AZ 85345

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14073040         Renew? ______Yes_____No
Status:   Active           Status Date:     2/23/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALFRED N FRANCO               ___________________
Location: AMERICAN LEGION #62           ___________________
          9847 W DESERT COVE AVE        ___________________
          PEORIA, AZ 85345              ___________________
Business Phone:     (623)972-8372       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160601

LAUREN KAY MERRETT
IDAHO BUSINESS HOLDINGS LLC
ELITE CABARET AT 910 LIVE
910 N MCCLINTOCK DR
TEMPE AZ 85281

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070237         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAUREN KAY MERRETT            ___________________
Location: ELITE CABARET AT 910 LIVE     ___________________
          910 N MC CLINTOCK DR          ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (480)966-0707       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160602

ANDREA DAHLMAN LEWKOWITZ
LINGER LONGER LLC
LINGER LONGER LOUNGE
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070625         Renew? ______Yes_____No
Status:   Active           Status Date:     8/22/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: LINGER LONGER LOUNGE          _________________
          6522 N 16TH ST #6             _________________
          PHOENIX, AZ 85016             _________________
Business Phone:     (602)285-5555       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160603

CHARLES ALBERT JENKINS
3 SMOKIES LLC
OFFICE SPORTS BAR
9823 E GREENWAY ST
MESA AZ 85207

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070158         Renew? ______Yes_____No
Status:   Active           Status Date:     4/22/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHARLES ALBERT JENKINS        _________________
Location: OFFICE SPORTS BAR             _________________
          330 S GILBERT RD #2 & 3       _________________
          MESA, AZ 85204                _________________
Business Phone:     (480)649-1650       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160604

RUTH ARVIN WEHE
DAV #22
DAV #22
1510 N 79TH ST
SCOTTSDALE AZ 85257

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070061         Renew? ______Yes_____No
Status:   Active           Status Date:     3/1/1991
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RUTH ARVIN WEHE               ___________________
Location: DAV #22                       ___________________
          1510 N 79TH ST                ___________________
          SCOTTSDALE, AZ 85257          ___________________
Business Phone:     (480)947-9301       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160605

JOANN MARY KRAMER
WESTERN TRAILS RANCH LLC
WESTERN TRAILS RANCH
29091 N 124TH DR
PEORIA AZ 85383

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070530         Renew? ______Yes_____No
Status:   Active           Status Date:     2/7/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOANN MARY KRAMER             _________________
Location: WESTERN TRAILS RANCH          _________________
          37823 N GRAND AVE             _________________
          MORRISTOWN, AZ 85342          _________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160606

CAMILA ALARCON
AGR BEVERAGE LLC
ARIZONA GOLF RESORT
2 N CENTRAL AVE 15TH FL
GAMMAGE & BURNHAM PLC
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070312         Renew? ______Yes_____No
Status:   Active           Status Date:     2/13/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CAMILA  ALARCON               ___________________
Location: ARIZONA GOLF RESORT           ___________________
          425 S POWER RD                ___________________
          MESA, AZ 85206                ___________________
Business Phone:     (480)832-3202       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160607

RANDY D NATIONS
7295 STETSON LLC
WASTED GRAIN
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070197         Renew? ______Yes_____No
Status:   Active           Status Date:     6/2/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: WASTED GRAIN                  ___________________
          7295 E STETSON DR             ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)970-0500       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160608

MARY C BONE
OVATIONS FOOD SERVICES LP
SLOAN PARK
18228 US HWY 41 NORTH
LUTZ FL 33549

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070208         Renew? ______Yes_____No
Status:   Active           Status Date:     2/18/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARY C BONE                   _________________
Location: SLOAN PARK                    _________________
          2330 W RIO SALADO PKWY        _________________
          MESA, AZ 85201                _________________
Business Phone:     (919)395-7900       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160609

ERICA TANE HARVIER
SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY
CASINO ARIZONA AT INDIAN BEND
10005 E OSBORN RD
SCOTTSDALE AZ 85256

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

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If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06070015 Renew? _____Yes_____No
Status: Active Status Date: 2/8/1999
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ERICA TANE HARVIER _____
Location: CASINO ARIZONA AT INDIAN BEND _____
9800 EAST INDIAN BEND _____
SCOTTSDALE, AZ 85256 _____
Business Phone: (602)850-7777 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070102 Renew? _____Yes_____No
Status: Active Status Date: 6/24/1998
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ERICA TANE HARVIER _____
Location: TALKING STICK GOLF CLUB _____
9998 E INDIAN BEND RD _____
SCOTTSDALE, AZ 85256 _____
Business Phone: (602)860-2221 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070219 Renew? _____Yes_____No
Status: Active Status Date: 1/24/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ERICA TANE HARVIER _____
Location: SALT RIVER FIELDS AT TALKING STICK_____
7555 N PIMA RD _____
SCOTTSDALE, AZ 85258 _____
Business Phone: (480)270-5000 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070290 Renew? _____Yes_____No
Status: Active Status Date: 6/24/1998
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ERICA TANE HARVIER _____
Location: CASINO ARIZONA AT SALT RIVER _____
524 N 92ND ST _____
SCOTTSDALE, AZ 85256 _____

Business Phone: (602)850-7777 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160610

RANDY D NATIONS
RED OWL LLC
CLUB RED
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070226         Renew? ______Yes_____No
Status:   Active           Status Date:     10/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: CLUB RED                      ___________________
          1306 W UNIVERSITY DR          ___________________
          MESA, AZ 85201                ___________________
Business Phone:     (480)516-3135       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160611

DENNIS FRANCIS APPEL
BPOE #2429
BPOE #2429
1775 W CHANDLER BLVD
CHANDLER AZ 85224

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14070072         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DENNIS FRANCIS APPEL          ___________________
Location: BPOE #2429                    ___________________
          1775 W CHANDLER BLVD          ___________________
          CHANDLER, AZ 85224            ___________________
Business Phone:     (480)963-6262       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160612

JACK CLIFFORD ESTES, JR.
FIRE HOUSE MANAGEMENT LLC
DIRTY DOGG SALOON
10409 N SCOTTSDALE RD
SCOTTSDALE AZ 85253

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070140         Renew? ______Yes_____No
Status:   Active           Status Date:     5/20/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JACK CLIFFORD ESTES, JR.      ___________________
Location: DIRTY DOGG SALOON             ___________________
          10409 N SCOTTSDALE RD         ___________________
          SCOTTSDALE, AZ 85253          ___________________
Business Phone:     (480)368-8095       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160613

RANDY D NATIONS
WHISKEY ROW 3 LLC
WHISKEY ROW
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070568         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: WHISKEY ROW                   ___________________
          640 S MILL AVE #B2-105        ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (480)947-3763       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160614

DAVID JAMES SMITH
LAKE PLEASANT CRUISES INC
LAKE PLEASANT CRUISES
13202 N VISTA DEL ORO
FORT MCDOWELL AZ 85264

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  08073016         Renew? ______Yes_____No
Status:   Active           Status Date:     3/24/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID JAMES SMITH             ___________________
Location: LAKE PLEASANT CRUISES         ___________________
          8708 W HARBOR BLVD DOCK D1    ___________________
          PEORIA, AZ 85383              ___________________
Business Phone:     (602)315-9050       __________

Renewal Fees:
     License Renewal:                  225.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            295.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160615

RONALD JAMES LINDBLAD
OLYMPUS INVESTMENTS INC
APOLLO'S LOUNGE
9818 N 2ND PL
PHOENIX AZ 85020

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070315         Renew? ______Yes_____No
Status:   Inactive         Status Date:     8/2/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RONALD JAMES LINDBLAD         _________________
Location: APOLLO'S LOUNGE               _________________
          5749 N 7TH ST                 _________________
          PHOENIX, AZ 85014             _________________
Business Phone:     (602)277-9373       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160616

JANET VIOLA HOGLE
EL CHARRO RESTAURANT INC
EL CHARRO RESTAURANT
105 N COUNTRY CLUB DR
MESA AZ 85201

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070440         Renew? ______Yes_____No
Status:   Active           Status Date:     1/30/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JANET VIOLA HOGLE             ___________________
Location: EL CHARRO RESTAURANT          ___________________
          105 N COUNTRY CLUB DR         ___________________
          MESA, AZ 85201                ___________________
Business Phone:     (602)964-4278       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160617

CAROL TERESA GILMOUR
RAMIREZ COCKTAIL LOUNGE INC
PEPE'S LOUNGE
10917 W VISTA LANE
GLENDALE AZ 85307

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070494         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CAROL TERESA GILMOUR          _________________
Location: PEPE'S LOUNGE                 _________________
          9152 W VAN BUREN AVE          _________________
          TOLLESON, AZ 85353            _________________
Business Phone:     (623)936-8817       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160618

JESUS MANUEL ALTAMIRANO
DG CRAFTSMAN LLC
DOS GRINGOS
2733 N POWER RD STE 102
MESA AZ 85215

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070587         Renew? ______Yes_____No
Status:   Active           Status Date:     11/27/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESUS MANUEL ALTAMIRANO       _________________
Location: DOS GRINGOS                   _________________
          4209 N CRAFTSMAN CT           _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (480)423-3800       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160619

GARY L MILLER
BPOE #2686
BPOE #2686
P O BOX 326
BUCKEYE AZ 85326

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14070089         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GARY L MILLER                 _________________
Location: BPOE #2686                    _________________
          109 N 5TH ST                  _________________
          BUCKEYE, AZ 85326             _________________
Business Phone:     (602)386-4710       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160620

SCOTT ANTHONY HEROLDT
AMERICAN LEGION #34
AMERICAN LEGION #34
P O BOX 41
CAVE CREEK AZ 85327

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14070090         Renew? ______Yes_____No
Status:   Active           Status Date:     2/16/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SCOTT ANTHONY HEROLDT         ___________________
Location: AMERICAN LEGION #34           ___________________
          6272 E CAVE CREEK RD          ___________________
          CAVE CREEK, AZ 85331          ___________________
Business Phone:     (480)488-2669       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160621

JOYOUS APRIL MOODY
MAK N CHEEZ LLC
MAX & TED'S 480
480 N ARIZONA AVE
CHANDLER AZ 85225

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070133         Renew? ______Yes_____No
Status:   Active           Status Date:     10/8/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOYOUS APRIL MOODY            ___________________
Location: MAX & TED'S 480               ___________________
          480 N ARIZONA AVE             ___________________
          CHANDLER, AZ 85225            ___________________
Business Phone:     (480)899-2268       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160622

MARCIA LYNN WAHLGREN
M & M ENTERTAINMENT LLC
MARC'S SPORTS GRILL & NIGHT LIFE
P O BOX 6087
PEORIA AZ 85385

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070342         Renew? ______Yes_____No
Status:   Active           Status Date:     4/19/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARCIA LYNN WAHLGREN          _________________
Location: MARC'S SPORTS GRILL & NIGHT LIFE_________________
          4494 W PEORIA AVE             _________________
          GLENDALE, AZ 85302            _________________
Business Phone:     (623)842-1053       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160623

DAVID WESLEY RAGAN
BEATITUDES CAMPUS
BEATITUDES CAMPUS
1610 W GLENDALE AVE
PHOENIX AZ 85021

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14073048         Renew? ______Yes_____No
Status:   Active           Status Date:     2/14/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID WESLEY RAGAN            ___________________
Location: BEATITUDES CAMPUS             ___________________
          1610 W GLENDALE AVE           ___________________
          PHOENIX, AZ 85021             ___________________
Business Phone:     (602)995-2611       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160624

MITCHELL LEE ERFLE
RODE HARD LLC
ON THE ROCKS
2515 N SCOTTSDALE RD STE 5
SCOTTSDALE AZ 85257

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070588         Renew? ______Yes_____No
Status:   Active           Status Date:     2/7/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MITCHELL LEE ERFLE            ___________________
Location: ON THE ROCKS                  ___________________
          2515 N SCOTTSDALE RD #5       ___________________
          SCOTTSDALE, AZ 85257          ___________________
Business Phone:     (480)947-5527       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160625

DAVID MARK LUNT
SCOTTSDALE PLAZA RESORT LLC
SCOTTSDALE PLAZA RESORT
7400 E MCCORMICK PARKWAY
SCOTTSDALE AZ 85258

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070393         Renew? ______Yes_____No
Status:   Active           Status Date:     1/9/1995
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID MARK LUNT               ___________________
Location: SCOTTSDALE PLAZA RESORT       ___________________
          7200 N SCOTTSDALE RD          ___________________
          SCOTTSDALE, AZ 85253          ___________________
Business Phone:     (480)948-5000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160626

RANDY D NATIONS
IGUANA VENTURES LLC
SOCIAL BOX/AMERICAN EATS & DRINKS
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070034         Renew? ______Yes_____No
Status:   Active           Status Date:     5/14/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: SOCIAL BOX/AMERICAN EATS & DRINKS___________________
          1371 N ALMA SCHOOL RD         ___________________
          CHANDLER, AZ 85224            ___________________
Business Phone:     (480)899-6735       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160627

JOSE J ALDECOA
AMERICAN LEGION #41
AMERICAN LEGION #41
715 S 2ND AVE
PHOENIX AZ 85003

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070092         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSE J ALDECOA                _________________
Location: AMERICAN LEGION #41           _________________
          715 S 2ND AVE                 _________________
          PHOENIX, AZ 85003             _________________
Business Phone:     (602)253-8131       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160628

JOE NATHAN BROWN
IBPOE #477
IBPOE OF W #477
1007 S 7TH AVE
PHOENIX AZ 85007

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070096         Renew? ______Yes_____No
Status:   Active           Status Date:     2/6/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOE NATHAN BROWN              ___________________
Location: IBPOE OF W #477               ___________________
          1007 S 7TH AVE                ___________________
          PHOENIX, AZ 85007             ___________________
Business Phone:     (602)254-1772       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160629

TIMOTHY CURTIS PHILLIPS
BPOE #2089
BPOE #2089
P O BOX 28
GILA BEND AZ 85337

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070098         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TIMOTHY CURTIS PHILLIPS       _________________
Location: BPOE #2089                    _________________
          HWY 85                        _________________
          GILA BEND, AZ 85337           _________________
Business Phone:     (928)683-2089       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160630

SHELBY LEE FUTCH
TOUR TEK OT LLC
ORANGE TREE GOLF COURSE
10601 N 56TH ST
SCOTTSDALE AZ 85254

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070518         Renew? ______Yes_____No
Status:   Active           Status Date:     2/7/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SHELBY LEE FUTCH              ___________________
Location: ORANGE TREE GOLF COURSE       ___________________
          10601 N 56TH ST               ___________________
          SCOTTSDALE, AZ 85254          ___________________
Business Phone:     (480)203-5438       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160631

LYNN KATHERINE GREEN
GLENDALE COYOTES CATERING CO INC
GLENDALE CONFERENCE CENTER
300 HAMMONS PKWY #900
ATTN: JOHN Q HAMMONS HOTELS
SPRINGFIELD MO 65806

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06074000         Renew? ______Yes_____No
Status:   Active           Status Date:     2/19/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LYNN KATHERINE GREEN          _________________
Location: GLENDALE CONFERENCE CENTER    _________________
          6633 N 95TH AVE               _________________
          GLENDALE, AZ 85305            _________________
Business Phone:     (623)937-3700       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160632

PATRICIA MARIE LYTTLE
EM PM SPORTS BAR LLC
SKIPPERS LOUNGE
2710 E ALDINE ST
PHOENIX AZ 85032

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070309         Renew? ______Yes_____No
Status:   Active           Status Date:     12/17/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICIA MARIE LYTTLE         _________________
Location: SKIPPERS LOUNGE               _________________
          6124 N 43RD AVE               _________________
          GLENDALE, AZ 85301            _________________
Business Phone:     (602)937-0938       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160633

JOHN RAYMOND BODAK
V F W #7401
VFW #7401
751 S ARIZONA AVE
CHANDLER AZ 85225

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14070033         Renew? ______Yes_____No
Status:   Active           Status Date:     2/18/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN RAYMOND BODAK            ___________________
Location: VFW #7401                     ___________________
          751 S ARIZONA AVE             ___________________
          CHANDLER, AZ 85225            ___________________
Business Phone:     (480)963-1777       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160634

RICHARD MARK KRAVAN
LEGENDS SPORTS LLC
AK-CHIN PAVILION
400 BROADACRES DR STE 260
BLOOMFIELD NJ 07003

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070194         Renew? ______Yes_____No
Status:   Active           Status Date:     8/7/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD MARK KRAVAN           _________________
Location: AK-CHIN PAVILION              _________________
          2121 N 83RD AVE               _________________
          PHOENIX, AZ 85035             _________________
Business Phone:     (602)254-7200       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160635

RYAN LEE MIRAU
THOMAS 4420 LLC
SUGAR 44
4420 E THOMAS RD
PHOENIX AZ 85018

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
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☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070074         Renew? ______Yes_____No
Status:   Active           Status Date:     11/5/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RYAN LEE MIRAU                _________________
Location: SUGAR 44                      _________________
          4420 E THOMAS RD              _________________
          PHOENIX, AZ 85018             _________________
Business Phone:     (602)840-5143       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160636

THERESA JUNE MORSE
OASIS CROSSROADS BAR & GRILL LLC
OASIS CROSSROADS BAR & GRILL
5030 W MCDOWELL RD #39
PHOENIX AZ 85035

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070674         Renew? ______Yes_____No
Status:   Active           Status Date:     9/25/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            ___________________
Location: OASIS CROSSROADS BAR & GRILL  ___________________
          5030 W MCDOWELL RD #39        ___________________
          PHOENIX, AZ 85035             ___________________
Business Phone:     (602)900-4155       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160637

JAIME ENRIQUE PENA
SO PAL ENTERPRISES INC
MARCEL'S BAR & GRILL
3130 E UNION HILLS #110
PHOENIX AZ 85050

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070091         Renew? ______Yes_____No
Status:   Active           Status Date:     6/12/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAIME ENRIQUE PENA            _________________
Location: MARCEL'S BAR & GRILL          _________________
          3130 E UNION HILLS #110       _________________
          PHOENIX, AZ 85050             _________________
Business Phone:     (602)569-7491       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160638

DANIEL WILLIAM SCOTT
YADERHEY LLC
WATERSHED
1661 S EMERSON PL
CHANDLER AZ 85286

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070044         Renew? ______Yes_____No
Status:   Active           Status Date:     12/2/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANIEL WILLIAM SCOTT          _________________
Location: WATERSHED                     _________________
          5350 S LAKESHORE DR           _________________
          TEMPE, AZ 85283               _________________
Business Phone:     (480)756-0508       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160639

ADRIAN C QUINONES
QUINONES INC
PITIC RESTAURANT
P O BOX 21222
PHOENIX AZ 85036

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070532         Renew? ______Yes_____No
Status:   Active           Status Date:     5/1/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ADRIAN C QUINONES             _________________
Location: PITIC RESTAURANT              _________________
          1580 E PIMA ST STE #5         _________________
          PHOENIX, AZ 85034             _________________
Business Phone:     (602)258-0524       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160640

RANDY D NATIONS
PUBLIC HOUSE TEMPE LLC
WORLD OF BEER
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070021         Renew? ______Yes_____No
Status:   Active           Status Date:     9/12/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: WORLD OF BEER                 ___________________
          526 S MILL AVE #101           ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (480)638-2337       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160641

KERI MARIE KRUSE
PRO CLUBS INC
STADIUM CLUB
940 N ALMA SCHOOL RD SUITE 106
CHANDLER AZ 85224

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070303         Renew? ______Yes_____No
Status:   Active           Status Date:     4/17/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KERI MARIE KRUSE              _________________
Location: STADIUM CLUB                  _________________
          940 N ALMA SCHOOL RD STE #106   __________________
          CHANDLER, AZ 85224            _________________
Business Phone:     (480)963-3866       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160642

JOHN LOUIS SANTISI
PDJ & ASSOCIATES INC
SANTISI BROTHERS
P O BOX 41577
PHOENIX AZ 85080

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070362         Renew? ______Yes_____No
Status:   Active           Status Date:     2/5/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN LOUIS SANTISI            _________________
Location: SANTISI BROTHERS              _________________
          2710 W BELL RD #1115          _________________
          PHOENIX, AZ 85053             _________________
Business Phone:     (602)789-7979       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160643

TERESA RAYA ESCALANTE
LITO LLC
LA CABANA
5211 W GWEN ST
LAVEEN AZ 85339

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070062         Renew? ______Yes_____No
Status:   Active           Status Date:     11/15/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TERESA RAYA ESCALANTE         _________________
Location: LA CABANA                     _________________
          5130 N 43RD AVE               _________________
          GLENDALE, AZ 85301            _________________
Business Phone:     (602)435-0799       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160644

WILLIAM LIONELL PAGEAU
FOUNTAIN HILLS ELKS #2846
FOUNTAIN HILLS ELKS #2846
16766 PARKVIEW AVE #103
FOUNTAIN HILLS AZ 85268

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14073066         Renew? ______Yes_____No
Status:   Active           Status Date:     11/27/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM LIONELL PAGEAU        _________________
Location: FOUNTAIN HILLS ELKS #2846     _________________
          16766 PARKVIEW AVE #103       _________________
          FOUNTAIN HILLS, AZ 85268      _________________
Business Phone:     (480)837-0731       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160645

VONDA CHRISTINA ALEXANDER
DREAMSCAPE PARTNERS LLC
WILD WILLY'S CANTINA
16497 W YUMA RD
GOODYEAR AZ 85338

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070035         Renew? ______Yes_____No
Status:   Active           Status Date:     7/28/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VONDA CHRISTINA ALEXANDER     __________________
Location: WILD WILLY'S CANTINA          __________________
          613 E WESTERN AVE             __________________
          AVONDALE, AZ 85323            __________________
Business Phone:     (623)249-5291       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160646

PETER HENRY SCHELSTRAETE
FARMER HUNTING LODGE LLC
LODGE SASQUATCH KITCHEN
SCHELSTRAETE LAW OFFICE
40 N CENTRAL STE 1400
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070116         Renew? ______Yes_____No
Status:   Active           Status Date:     9/29/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PETER HENRY SCHELSTRAETE      ___________________
Location: LODGE SASQUATCH KITCHEN       ___________________
          26 S FARMER AVE               ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (480)967-7122       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160647

BRUCE K HIROSE
KNOBBY'S LOUNGE INC
KNOBBY'S LOUNGE
10812 N CAVE CREEK RD
PHOENIX AZ 85020

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070648         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRUCE K HIROSE                _________________
Location: KNOBBY'S LOUNGE               _________________
          10812 N CAVE CREEK RD         _________________
          PHOENIX, AZ 85020             _________________
Business Phone:     (602)870-0273       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160648

JAMES FRANKLIN LAWSON
AMERICAN LEGION #1
AMERICAN LEGION #1
364 N 7TH AVE
PHOENIX AZ 85007

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070054         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES FRANKLIN LAWSON         _________________
Location: AMERICAN LEGION #1            _________________
          364 N 7TH AVE                 _________________
          PHOENIX, AZ 85007             _________________
Business Phone:     (602)253-5155       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160649

RONALD CARY SCHMITT
BRUNO'S SPORTS BAR & GRILLE LLC
BRUNOS SPORTS BAR & GRILLE
16259 E BALSAM DR
FOUNTAIN HILLS AZ 85268

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070466         Renew? ______Yes_____No
Status:   Active           Status Date:     2/7/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RONALD CARY SCHMITT           ___________________
Location: BRUNOS SPORTS BAR & GRILLE    ___________________
          16737 E PARKVIEW AVE STE B    ___________________
          FOUNTAIN HILLS, AZ 85268      ___________________
Business Phone:     (480)836-0770       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160650

RANDY D NATIONS
FRC CD FARMER ARTS LLC
CULINARY DROPOUT
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070459         Renew? ______Yes_____No
Status:   Active           Status Date:     11/4/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: CULINARY DROPOUT              ___________________
          149 S FARMER AVE              ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (480)905-6920       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160651

RANDY D NATIONS
SALTY SENORITA SCOTTSDALE LLC
UNION BARRELHOUSE
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070280         Renew? ______Yes_____No
Status:   Inactive         Status Date:     11/16/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: UNION BARRELHOUSE             ___________________
          3636 N SCOTTSDALE RD          ___________________
          SCOTTSDALE, AZ 85251-5612     ___________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160652

EDUARDO GONZALEZ ROMERO
PANCHANGA LLC
STRATUS EVENT CENTER
20372 N 55 DR
GLENDALE AZ 85308

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070513         Renew? ______Yes_____No
Status:   Active           Status Date:     2/13/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EDUARDO  GONZALEZ ROMERO      _________________
Location: STRATUS EVENT CENTER          _________________
          2102 N 23 AVE                 _________________
          PHOENIX, AZ 85009             _________________
Business Phone:     (602)253-9001       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160653

JOAN EVELYN MOORE
J & B BRAND PROPERTIES LLC
ROBERT EMMET'S
6411 N 59TH AVE
GLENDALE AZ 85301

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070642         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOAN EVELYN MOORE             _________________
Location: ROBERT EMMET'S                _________________
          6411 N 59TH AVE               _________________
          GLENDALE, AZ 85301            _________________
Business Phone:     (623)435-1770       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160654

DAVID DEARL REESE
LEISERV LLC
BRUNSWICK TRI-CITY BOWL
7313 BELL CREEK RD
MECHANICSVILLE VA 23111

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06070012 Renew? _____Yes_____No
Status: Active Status Date: 2/3/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DAVID DEARL REESE _____
Location: BRUNSWICK TRI-CITY BOWL _____
1425 N CENTRAL AVE _____
AVONDALE, AZ 85323 _____
Business Phone: (623)932-3388 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070132 Renew? _____Yes_____No
Status: Active Status Date: 2/3/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DAVID DEARL REESE _____
Location: BRUNSWICK ZONE MESA LANES _____
1754 W SOUTHERN AVE _____
MESA, AZ 85202 _____
Business Phone: (480)834-0588 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070256 Renew? _____Yes_____No
Status: Active Status Date: 2/3/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DAVID DEARL REESE _____
Location: BRUNSWICK KYRENE LANES _____
6225 W CHANDLER BLVD _____
CHANDLER, AZ 85226 _____
Business Phone: (480)961-3388 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070526 Renew? _____Yes_____No
Status: Active Status Date: 2/3/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON WILLIAM HALL _____
Location: BRUNSWICK MISSION BELL LANES _____
17210 N 59TH AVE _____
GLENDALE, AZ 85308 _____

Business Phone: (602)978-1777 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070565 Renew? _____Yes_____No
Status: Active Status Date: 2/3/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON WILLIAM HALL _____
Location: BRUNSWICK DESERT SKY LANES _____
7241 W INDIAN SCHOOL RD _____
PHOENIX, AZ 85033 _____
Business Phone: (623)846-2090 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070579 Renew? _____Yes_____No
Status: Active Status Date: 2/3/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON WILLIAM HALL _____
Location: BRUNSWICK ZONE GILBERT _____
1160 S GILBERT RD _____
GILBERT, AZ 85296 _____
Business Phone: (480)813-2695 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06070611 Renew? _____Yes_____No
Status: Active Status Date: 2/3/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DAVID DEARL REESE _____
Location: BRUNSWICK VIA LINDA LANES #114_____
9027 E VIA LINDA _____
SCOTTSDALE, AZ 85258 _____
Business Phone: (480)860-1363 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160655

CAROLYN VICTORIA DIEBOL
OVERTIME LOUNGE LLC
OVERTIME COCKTAIL LOUNGE
5304 N 59TH AVE
GLENDALE AZ 85301

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070522         Renew? ______Yes_____No
Status:   Active           Status Date:     6/6/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CAROLYN VICTORIA DIEBOL       _________________
Location: OVERTIME COCKTAIL LOUNGE      _________________
          5304 N 59TH AVE               _________________
          GLENDALE, AZ 85301            _________________
Business Phone:     (602)939-2576       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160656

ROBERTO RAMOS
ROSCOES ON 7TH CORP
ROSCOE'S ON 7TH
7591 N 85TH DR
GLENDALE AZ 85305

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070651         Renew? ______Yes_____No
Status:   Active           Status Date:     6/2/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERTO  RAMOS                _________________
Location: ROSCOE'S ON 7TH               _________________
          4531 N 7TH ST                 _________________
          PHOENIX, AZ 85014             _________________
Business Phone:     (602)285-0833       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160657

JOHN J O'CONNELL
DUBLINER WEST INC
IRISH WOLFHOUND RESTAURANT & PUB
16811 N LITCHFIELD RD #102-104
SURPRISE AZ 85374

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070135         Renew? ______Yes_____No
Status:   Active           Status Date:     9/23/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN J O'CONNELL              _________________
Location: IRISH WOLFHOUND RESTAURANT & PUB_________________
          16811 N LITCHFIELD RD #102-104   _________________
          SURPRISE, AZ 85734            _________________
Business Phone:     (623)214-1004       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160658

DALLAS C GANT, JR.
CABALLEROS INN & RANCH CO INC
RANCHO DE LOS CABALLEROS
1551 S VULTURE MINE ROAD
WICKENBURG AZ 85390

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070204         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DALLAS C GANT, JR.            ___________________
Location: RANCHO DE LOS CABALLEROS      ___________________
          1551 S VULTURE MINE RD        ___________________
          WICKENBURG, AZ 85390          ___________________
Business Phone:     (928)684-5484       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160659

ANDREA DAHLMAN LEWKOWITZ
OMNI HOTELS MANAGEMENT CORPORATION
OMNI SCOTTSDALE RESORT & SPA AT MONTELUCIA
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070453         Renew? ______Yes_____No
Status:   Active           Status Date:     3/27/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: OMNI SCOTTSDALE RESORT & SPA AT MONTELUCIA_________________
          4949 E LINCOLN DR             ___________________
          PARADISE VALLEY, AZ 85253     ___________________
Business Phone:     (480)627-3200       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160660

MOHAMMAD BALLAL PATWOARY
TRIPLE N LLC
CARAVAN
4831 N 15TH AVE
PHOENIX AZ 85015

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070343         Renew? ______Yes_____No
Status:   Inactive         Status Date:     5/28/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MOHAMMAD BALLAL PATWOARY      _________________
Location: CARAVAN                       _________________
          4835 N 15TH AVE               _________________
          PHOENIX, AZ 85015             _________________
Business Phone:     (602)230-1270       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160661

DAVID EDWARD DELOS
TONY'S COCKTAIL LOUNGE INC
TONY'S COCKTAIL LOUNGE
24410 N. 58TH LANE
GLENDALE AZ 85310

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070370         Renew? ______Yes_____No
Status:   Active           Status Date:     2/14/1994
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID EDWARD DELOS            _________________
Location: TONY'S COCKTAIL LOUNGE        _________________
          5930 W GREENWAY RD            _________________
          GLENDALE, AZ 85306            _________________
Business Phone:     (602)938-1956       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160662

PETER DARRYLL JAMES HOMENICK
4125 LLC
CHEETAHS GENTLEMENS CLUB
4125 N 7TH ST
PHOENIX AZ 85014

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070496         Renew? ______Yes_____No
Status:   Active           Status Date:     8/30/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PETER DARRYLL JAMES HOMENICK  __________________
Location: CHEETAHS GENTLEMENS CLUB      __________________
          4125 N 7TH ST                 __________________
          PHOENIX, AZ 85014             __________________
Business Phone:     (602)277-8487       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160663

KARL JOSEPH NIELSON
S K M PRICELESS INC
PRICELESS PRIMETIME BAR & GRILL
3016 N DOBSON RD STE 6
CHANDLER AZ 85224

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070523         Renew? ______Yes_____No
Status:   Active           Status Date:     10/4/1991
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KARL JOSEPH NIELSON           ___________________
Location: PRICELESS PRIMETIME BAR & GRILL___________________
          3016 N DOBSON RD STE #7       ___________________
          CHANDLER, AZ 85224            ___________________
Business Phone:     (480)831-8082       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160664

ALLEN JAMES MC CARTHY
ERIN FINANCIAL INC
DUKES BAR & GRILL
7607 E MCDOWELL RD #110
SCOTTSDALE AZ 85257

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070216         Renew? ______Yes_____No
Status:   Active           Status Date:     5/1/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALLEN JAMES MC CARTHY         ___________________
Location: DUKES  BAR & GRILL            ___________________
          7607 E MC DOWELL RD STE 110   ___________________
          SCOTTSDALE, AZ 85257          ___________________
Business Phone:     (480)675-9724       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160665

JOE MAX RUBI
LAGARTO INC
EL PAJARITO COCKTAIL LOUNGE
5104 N 32ND ST #240
PHOENIX AZ 85018

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
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☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070544         Renew? ______Yes_____No
Status:   Active           Status Date:     2/18/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOE MAX RUBI                  ___________________
Location: EL PAJARITO COCKTAIL LOUNGE   ___________________
          3602 S CENTRAL AVE            ___________________
          PHOENIX, AZ 85042             ___________________
Business Phone:     (602)305-9168       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160666

MITCHELL KELLY HARRELL
TROON NORTH GOLF CLUB LLC
TROON NORTH GOLF CLUB
15044 N SCOTTSDALE RD #300
SCOTTSDALE AZ 85254

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070534         Renew? ______Yes_____No
Status:   Active           Status Date:     3/4/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MITCHELL KELLY HARRELL        ___________________
Location: TROON NORTH GOLF CLUB         ___________________
          10320 E DYNAMITE BLVD         ___________________
          SCOTTSDALE, AZ 85262          ___________________
Business Phone:     (480)585-5300       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160667

JOHN ALAN KING
NASHVILLE MANAGEMENT INC
CHARLIE'S PHOENIX
727 W CAMELBACK RD
PHOENIX AZ 85013

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06071002         Renew? ______Yes_____No
Status:   Active           Status Date:     6/28/1991
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN ALAN KING                _________________
Location: CHARLIE'S PHOENIX             _________________
          727 W CAMELBACK RD            _________________
          PHOENIX, AZ 85013             _________________
Business Phone:     (602)265-0224       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160668

TONY LEE MCCLURE
V F W #720
VFW POST 720
4853 E THOMAS RD
PHOENIX AZ 85018

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070038         Renew? ______Yes_____No
Status:   Active           Status Date:     2/6/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TONY LEE MCCLURE              ___________________
Location: VFW POST 720                  ___________________
          4853 E THOMAS RD              ___________________
          PHOENIX, AZ 85018             ___________________
Business Phone:     (602)952-9646       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160669

HAROLD FRANCIS HANSING
AMERICAN LEGION #27
AMERICAN LEGION #27 - LOC
1018 S MERIDIAN RD
APACHE JUNCTION AZ 85220

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14073019         Renew? ______Yes_____No
Status:   Active           Status Date:     2/6/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HAROLD FRANCIS HANSING        ___________________
Location: AMERICAN LEGION #27 - LOC     ___________________
          1018 S MERIDIAN RD            ___________________
          APACHE JUNCTION, AZ 85220     ___________________
Business Phone:     (480)354-2571       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160670

DENNIS LAVERN PALMER, JR.
CANTA MIA AT ESTRELLA COMMUNITY ASSOCIATION INC
CANTA MIA AT ESTRELLA COMMUNITY ASSOCIATION
17700 W STAR POINT DR
GOODYEAR AZ 85338

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14073061         Renew? ______Yes_____No
Status:   Active           Status Date:     2/16/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DENNIS LAVERN PALMER, JR.     ___________________
Location: CANTA MIA AT ESTRELLA COMMUNITY ASSOCIATION_________________
          17700 W STAR POINT DR         ___________________
          GOODYEAR, AZ 85338            ___________________
Business Phone:     (623)474-6960       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160671

DAVID CLARE MOORE
3RD BASE INC
JJ MADISON'S
19118 E POCO RIO DR
RIO VERDE AZ 85263

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070311         Renew? ______Yes_____No
Status:   Active           Status Date:     4/7/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID CLARE MOORE             _________________
Location: JJ MADISON'S                  _________________
          430 N POWER RD                _________________
          MESA, AZ 85205                _________________
Business Phone:     (480)924-8778       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160672

JAMES RYAN WALL
JAMES R WALL INC
BULLOCKS COUNTRY ATTITUDES
2601 W BETHANY HOME RD
PHOENIX AZ 85017

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070085         Renew? ______Yes_____No
Status:   Active           Status Date:     7/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES RYAN WALL               ___________________
Location: BULLOCKS COUNTRY ATTITUDES    ___________________
          2601 W BETHANY HOME RD        ___________________
          PHOENIX, AZ 85017             ___________________
Business Phone:     (602)433-9303       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160673

JESSE ROBERT GUTHERY
COMPASS GROUP USA INC
PUB
2400 YORKMONT RD
CHARLOTTE NC 28217

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070616         Renew? ______Yes_____No
Status:   Active           Status Date:     10/11/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESSE ROBERT GUTHERY          _________________
Location: PUB                           _________________
          15249 N 59TH AVE              _________________
          GLENDALE, AZ 85306            _________________
Business Phone:     (602)978-7121       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160674

OLIVER RESCHREITER
MARRIOTT INTERNATIONAL INC
J W MARRIOTT DESERT RIDGE RESORT & SPA
5350 E MARRIOT DR
PHOENIX AZ 85024

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06071015         Renew? ______Yes_____No
Status:   Active           Status Date:     11/19/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    OLIVER  RESCHREITER           ___________________
Location: J W MARRIOTT DESERT RIDGE RESORT & SPA___________________
          5350 E MARRIOTT DR            ___________________
          PHOENIX, AZ 85024             ___________________
Business Phone:     (480)293-0131       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160675

EDWARD PATRICK GOMES
MESA AIRLINES INC
MESA AIRLINES
410 N 44TH ST STE 700
ATTN: LEGAL DEPT
PHOENIX AZ 85008

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  08073008         Renew? ______Yes_____No
Status:   Active           Status Date:     2/28/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EDWARD PATRICK GOMES          _________________
Location: MESA AIRLINES                 _________________
          3922 E AIRLANE RD #B          _________________
          PHOENIX, AZ 85034             _________________
Business Phone:     (480)693-2984       __________

Renewal Fees:
     License Renewal:                  225.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            295.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160676

ANDREW PAUL MIRTICH
111TH PRECINCT LTD
SEAMUS MCCAFFREY'S IRISH PUB & RESTAURANT
18 W MONROE ST
PHOENIX AZ 85003

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070196         Renew? ______Yes_____No
Status:   Active           Status Date:     9/15/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREW PAUL MIRTICH           ___________________
Location: SEAMUS MCCAFFREY'S IRISH PUB & RESTAURANT___________________
          18 W MONROE ST                ___________________
          PHOENIX, AZ 85003             ___________________
Business Phone:     (602)253-6081       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160677

PETER HENRY SCHELSTRAETE
LIMITLESS ENTERTAINMENT LLC
INT'L
SCHELSTRAETE LAW OFFICE
40 N CENTRAL STE 1400
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070422         Renew? ______Yes_____No
Status:   Active           Status Date:     4/29/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PETER HENRY SCHELSTRAETE      _________________
Location: INT'L                         _________________
          4405 N SADDLEBAG TR           _________________
          SCOTTSDALE, AZ 85251          _________________
Business Phone:     (480)495-1905       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160678

RANDY D NATIONS
ARIZONA BOARD OF REGENTS ACTING FOR AND ON BEHALF OF ARIZONA
OASIS
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 05073042 Renew? _____Yes_____No
Status: Active Status Date: 6/17/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: OASIS _____
450 E LEMON ST 4TH FL _____
TEMPE, AZ 85287 _____
Business Phone: (480)965-7472 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

License# 05073043 Renew? _____Yes_____No
Status: Active Status Date: 7/7/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: COLLEGE AVENUE COMMONS BUILDING_____
660 S COLLEGE AVE _____
TEMPE, AZ 85281 _____
Business Phone: (602)228-5969 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

License# 05073046 Renew? _____Yes_____No
Status: Active Status Date: 2/2/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: PAPAGO GOLF CLUB _____
5595 E MORELAND ST _____
PHOENIX, AZ 85008 _____
Business Phone: (602)275-8428 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

License# 05073047 Renew? _____Yes_____No
Status: Active Status Date: 4/10/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RANDY D NATIONS _____
Location: PHOENIX MUNICIPAL STADIUM _____
5999 E VAN BUREN ST _____
PHOENIX, AZ 85008 _____
Business Phone: (602)275-8428 _____

Renewal Fees:

```
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00

--------------------------------------------------------------------------------
License#  06070699         Renew? ______Yes_____No
Status:   Active           Status Date:     11/29/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: KARSTEN GOLF COURSE AT ASU    ___________________
          1125 E RIO SALADO PKWY        ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (480)921-8073       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160679

PETER HENRY SCHELSTRAETE
R J E LLC
B A C LOUNGE
414 S MILL AVE # 215
TEMPE AZ 85281

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070388         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PETER HENRY SCHELSTRAETE      _________________
Location: B A C LOUNGE                  _________________
          414 S MILL AVE STE 215        _________________
          TEMPE, AZ 85282               _________________
Business Phone:     (480)274-8872       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160680

DANIEL WILLIAM O'LEARY
PITCH AND TOSS INC
MONKEY PANTS BAR AND GRILL
3223 S MILL AVE
TEMPE AZ 85282

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070283         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANIEL WILLIAM O'LEARY        _________________
Location: MONKEY PANTS BAR AND GRILL    _________________
          3223 S MILL AVE               _________________
          TEMPE, AZ 85282               _________________
Business Phone:     (480)377-8100       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160681

RICHARD KENT CARTER
TROON COUNTRY CLUB INC
TROON GOLF & COUNTRY CLUB
25000 WINDY WALK DR
SCOTTSDALE AZ 85255

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070533         Renew? ______Yes_____No
Status:   Active           Status Date:     2/17/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD KENT CARTER           ___________________
Location: TROON GOLF & COUNTRY CLUB     ___________________
          25000  N WINDY WALK DR        ___________________
          SCOTTSDALE, AZ 85255          ___________________
Business Phone:     (480)585-4310       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160682

ROGER BUFFINGTON BALDWIN
MURPHY'S LAW 58 LLC
MURPHY'S LAW IRISH PUB & ALE HOUSE
58 S SAN MARCOS PLACE
CHANDLER AZ 85225

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070685         Renew? ______Yes_____No
Status:   Active           Status Date:     5/17/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROGER BUFFINGTON BALDWIN      ___________________
Location: MURPHY'S LAW IRISH PUB & ALE HOUSE___________________
          58 S SAN MARCOS PLACE         ___________________
          CHANDLER, AZ 85225            ___________________
Business Phone:     (480)812-1588       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160683

JIMMY S DAVIS
BPOE #2251
BPOE #2251
2320 S HARDY DR
TEMPE AZ 85282

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070059         Renew? ______Yes_____No
Status:   Active           Status Date:     2/13/1996
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JIMMY S DAVIS                 _________________
Location: BPOE #2251                    _________________
          2320 S HARDY DR               _________________
          TEMPE, AZ 85282               _________________
Business Phone:     (480)967-3160       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160684

ROBERT ARNOLD CLAYTON
LIGHTHOUSE RESTAURANT & LOUNGE CORP
LIGHTHOUSE RESTAURANT & LOUNGE
17997 W MONTECITO
GOODYEAR AZ 85395-5245

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070108         Renew? ______Yes_____No
Status:   Active           Status Date:     2/13/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT ARNOLD CLAYTON         ___________________
Location: LIGHTHOUSE RESTAURANT & LOUNGE___________________
          12351 W INDIAN SCHOOL RD      ___________________
          AVONDALE, AZ 85392            ___________________
Business Phone:     (623)935-2471       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160685

CAROLYN LOUISE LEON LANDIS
ITTY BITTY'S LLC
ITTY BITTY'S COCKTAILS
14832 N 37TH PL
PHOENIX AZ 85032

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070330         Renew? ______Yes_____No
Status:   Inactive         Status Date:     8/22/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CAROLYN LOUISE LEON LANDIS    __________________
Location: ITTY BITTY'S COCKTAILS        __________________
          8945 N 43RD AVE               __________________
          PHOENIX, AZ 85051             __________________
Business Phone:     (623)847-0335       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160686

ZDENKO SPASOJEVIC
MANGUP INVESTMENTS INC
DESERT FLAME
2651 E CALLE DE FLORES
GILBERT AZ 85298

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070469         Renew? ______Yes_____No
Status:   Active           Status Date:     8/16/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ZDENKO  SPASOJEVIC            ___________________
Location: DESERT FLAME                  ___________________
          11145 E APACHE TRL            ___________________
          APACHE JUNCTION, AZ 85220     ___________________
Business Phone:     (480)984-1400       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160687

PAUL A HOPP
LAUGH FACTORY-ARIZONA LLC
LAUGH FACTORY-ARIZONA
7000 E SHEA BLVD STE H-1900
SCOTTSDALE AZ 85254

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070711         Renew? ______Yes_____No
Status:   Active           Status Date:     12/10/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PAUL A HOPP                   ___________________
Location: LAUGH FACTORY-ARIZONA         ___________________
          7000 E SHEA BLVD STE H-1990   ___________________
          SCOTTSDALE, AZ 85254          ___________________
Business Phone:     (480)607-6878       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160688

STACEY LEIGH FUSCO
OLCC ARIZONA LLC
ZONA HOTEL & SUITES
8505 W IRLO BRONSON MEM HWY
KISSIMMEE FL 34747

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070747         Renew? ______Yes_____No
Status:   Inactive         Status Date:     11/3/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STACEY LEIGH FUSCO            ___________________
Location: ZONA HOTEL & SUITES           ___________________
          7677 E PRINCESS BLVD          ___________________
          SCOTTSDALE, AZ 85255          ___________________
Business Phone:     (480)585-1526       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160689

FRANK ROSS BONFILI
K OF C
K OF C
8066 N 49TH AVE
GLENDALE AZ 85301

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070076         Renew? ______Yes_____No
Status:   Active           Status Date:     2/12/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FRANK ROSS BONFILI            ___________________
Location: K OF C                        ___________________
          8066 N 49TH AVE               ___________________
          GLENDALE, AZ 85301            ___________________
Business Phone:     (623)937-3794       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160690

RANDY D NATIONS
SALTY SENORITA PEORIA LLC
SALTY SENORITA PEORIA
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070402         Renew? ______Yes_____No
Status:   Active           Status Date:     3/25/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: SALTY SENORITA PEORIA         ___________________
          8011 W PARADISE LN            ___________________
          PEORIA, AZ 85382              ___________________
Business Phone:     (623)979-4822       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160691

JAMIE DEAN ADAMS
ARIZONA COUNTRY CLUB
ARIZONA COUNTRY CLUB
5668 E ORANGE BLOSSOM LN
PHOENIX AZ 85018

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070481         Renew? ______Yes_____No
Status:   Active           Status Date:     2/12/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMIE DEAN ADAMS              ___________________
Location: ARIZONA COUNTRY CLUB          ___________________
          5668 E ORANGE BLOSSOM LANE    ___________________
          PHOENIX, AZ 85018             ___________________
Business Phone:     (480)947-7666       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160692

THOMAS PETER FORBES, IV
TERRAVITA COUNTRY CLUB INC
TERRAVITA GOLF & COUNTRY CLUB
34034 N 69TH WAY
SCOTTSDALE AZ 85266

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14073017         Renew? ______Yes_____No
Status:   Active           Status Date:     2/11/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS PETER FORBES, IV       ___________________
Location: TERRAVITA GOLF & COUNTRY CLUB ___________________
          34034 N 69TH WAY              ___________________
          SCOTTSDALE, AZ 85266          ___________________
Business Phone:     (480)488-3456       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160693

RONNIE PAUL HIGDON
HIGDON BROTHERS LLC
JAKES SPORTS BAR
10845 E POINSETTIA DR
SCOTTSDALE AZ 85259

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070686         Renew? ______Yes_____No
Status:   Active           Status Date:     4/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RONNIE PAUL HIGDON            ___________________
Location: JAKES SPORTS BAR              ___________________
          2017 E CACTUS RD # I & J      ___________________
          PHOENIX, AZ 85022             ___________________
Business Phone:     (602)996-1558       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160694

RAYMOND JOSEPH KUBIK
HIDEAWAY LOUNGE INC
HIDEAWAY LOUNGE
3215 E THOMAS RD
PHOENIX AZ 85018

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070189         Renew? ______Yes_____No
Status:   Active           Status Date:     2/14/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RAYMOND JOSEPH KUBIK          ___________________
Location: HIDEAWAY LOUNGE               ___________________
          3215 E THOMAS RD              ___________________
          PHOENIX, AZ 85018             ___________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160695

SHEENA KAYE GRAY
TROUGH BAR & GRILL LLC
TROUGH BAR & GRILL
10136 E PANTERA AVE
MESA AZ 85112

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070228         Renew? ______Yes_____No
Status:   Active           Status Date:     7/22/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SHEENA KAYE GRAY              ___________________
Location: TROUGH BAR & GRILL            ___________________
          9303 E APACHE TRL             ___________________
          MESA, AZ 85207                ___________________
Business Phone:     (480)986-1119       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160696

RANDY D NATIONS
RACERWORLD LLC
BOURBON STREET CIRCUS
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070497         Renew? ______Yes_____No
Status:   Active           Status Date:     3/4/1994
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: BOURBON STREET CIRCUS         ___________________
          2901 E THOMAS RD              ___________________
          PHOENIX, AZ 85016             ___________________
Business Phone:     (602)956-9650       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160697

PETER HENRY SCHELSTRAETE
GALAXY FOOD & BEVERAGE LLC
URBANE MANNER
4363 N 75TH ST
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070172         Renew? ______Yes_____No
Status:   Active           Status Date:     6/8/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PETER HENRY SCHELSTRAETE      ___________________
Location: URBANE MANNER                 ___________________
          4363 N 75TH ST                ___________________
          SCOTTSDALE, AZ 85251          ___________________
Business Phone:     (480)990-1322       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160698

THERESA JUNE MORSE
EL ANTRO LLC
EL ANTRO
1518 W ORANGEWOOD AVE
PHOENIX AZ 85201

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070255         Renew? ______Yes_____No
Status:   Inactive         Status Date:     10/22/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            _________________
Location: EL ANTRO                      _________________
          4346 W GLENDALE AVE           _________________
          GLENDALE, AZ 85301            _________________
Business Phone:     (602)358-9091       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160699

JAMES ALLAN THARP
BPOE #335
BPOE #335
14424 N 32ND ST
PHOENIX AZ 85033

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070022         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES ALLAN THARP             ___________________
Location: BPOE #335                     ___________________
          14424 N 32ND ST               ___________________
          PHOENIX, AZ 85033             ___________________
Business Phone:     (602)482-2335       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160700

BRIGETT EDNA KAY GORDER
BRIGETTS STILL LAUGHING LLC
TAV
22034 N 19TH AVE
PHOENIX AZ 85027

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070211         Renew? ______Yes_____No
Status:   Active           Status Date:     2/6/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRIGETT EDNA KAY GORDER       _________________
Location: TAV                           _________________
          22034 N 19TH AVE              _________________
          PHOENIX, AZ 85027             _________________
Business Phone:     (623)580-1282       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160701

JANIE BERNEA HAAG
NIFTY TIMES INC
NIFTY 50'S NITE CLUB
9237 N 19TH AVE
PHOENIX AZ 85021

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070524         Renew? ______Yes_____No
Status:   Active           Status Date:     2/11/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JANIE BERNEA HAAG             _________________
Location: NIFTY 50'S NITE CLUB          _________________
          5510 W CAMELBACK RD #9-12     _________________
          GLENDALE, AZ 85301            _________________
Business Phone:     (602)973-2023       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160702

CHRISTOPHER JONATHAN NAVE
C J TALLEYS PUB LLC
TALLEY'S PUB
6022 N 16TH ST
PHOENIX AZ 85016

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070586         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHRISTOPHER JONATHAN NAVE     ___________________
Location: TALLEY'S PUB                  ___________________
          6022 N 16TH ST                ___________________
          PHOENIX, AZ 85016             ___________________
Business Phone:     (602)248-7765       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160703

MANUEL A RUIZ
E & R ENTERPRISES LTD
CLUB PATRON
4319 N 27TH AVE
PHOENIX AZ 85017

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070121         Renew? ______Yes_____No
Status:   Active           Status Date:     2/13/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MANUEL A RUIZ                 _________________
Location: CLUB PATRON                   _________________
          4319 N 27TH AVE               _________________
          PHOENIX, AZ 85017             _________________
Business Phone:     (602)242-7736       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160704

CAROL L MC ELROY
DURANT'S FINE FOODS INC
DURANT'S
2611 N CENTRAL AVE
PHOENIX AZ 85004

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070183         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CAROL L MC ELROY              ___________________
Location: DURANT'S                      ___________________
          2611 N CENTRAL AVE            ___________________
          PHOENIX, AZ 85004             ___________________
Business Phone:     (602)264-5967       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160705

RAMON BERNAL OLIVAREZ
TROPICANA
2421 S 107TH DRIVE
AVONDALE AZ 85323

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070604         Renew? ______Yes_____No
Status:   Active           Status Date:     3/5/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: TROPICANA                     _________________
          513 W WESTERN                 _________________
          AVONDALE, AZ 85323            _________________
Business Phone:     (623)932-1733       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160706

JAMES RICHARD PARISELLA
ARIZONA AMERICAN ITALIAN CLUB
ARIZONA AMERICAN ITALIAN CLUB
7509 N 12TH ST
PHOENIX AZ 85020

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070111         Renew? ______Yes_____No
Status:   Active           Status Date:     2/12/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES RICHARD PARISELLA       ___________________
Location: ARIZONA AMERICAN ITALIAN CLUB ___________________
          7509 N 12TH ST                ___________________
          PHOENIX, AZ 85020             ___________________
Business Phone:     (602)944-3090       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160707

TAMI LOISEL BOLIN
ROYALE LOUNGE INC
ROYALE LOUNGE
2310 N 16TH ST
PHOENIX AZ 85006

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070190         Renew? ______Yes_____No
Status:   Active           Status Date:     2/8/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TAMI LOISEL BOLIN             _________________
Location: ROYALE LOUNGE                 _________________
          2310 N 16TH ST                _________________
          PHOENIX, AZ 85006             _________________
Business Phone:     (602)253-2217       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160708

MICHELLE MARIE DONOVAN
MANTOOTH GROUP LLC
NILE THEATER
105 W MAIN ST
MESA AZ 85201

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070109         Renew? ______Yes_____No
Status:   Active           Status Date:     5/22/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHELLE MARIE DONOVAN        _________________
Location: NILE THEATER                  _________________
          105 W MAIN ST                 _________________
          MESA, AZ 85201                _________________
Business Phone:     (480)559-5859       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160709

PETER HENRY SCHELSTRAETE
WESTROC HOTELS & RESORTS LLC
MOUNTAIN SHADOWS
15035 N 73RD ST STE D
SCOTTSDALE AZ 85260

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070058         Renew? ______Yes_____No
Status:   Active           Status Date:     5/19/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PETER HENRY SCHELSTRAETE      ___________________
Location: MOUNTAIN SHADOWS              ___________________
          5517 E LINCOLN DR             ___________________
          PARADISE VALLEY, AZ 85253     ___________________
Business Phone:     (480)367-6200       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160710

AMY S NATIONS
SHOTS MAIN EVENT INC
MAIN EVENT
P O BOX 2502
CHANDLER AZ 85244-2502

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06070302         Renew? ______Yes_____No
Status:   Active           Status Date:     10/8/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AMY S NATIONS                 _________________
Location: MAIN EVENT                    _________________
          8545 S EMERALD DR             _________________
          TEMPE, AZ 85284               _________________
Business Phone:     (480)753-1200       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160711

RAYMOND ARTHUR SHELLEY
ITSA LLC
FUNUGYZ SPORTS GRILL
14718 W PAULA PL
SURPRISE AZ 85374

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070669         Renew? ______Yes_____No
Status:   Active           Status Date:     1/15/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RAYMOND ARTHUR SHELLEY        _________________
Location: FUNUGYZ SPORTS GRILL          _________________
          8378 W THUNDERBIRD RD #B101-B104   __________________
          PEORIA, AZ 85381              _________________
Business Phone:     (623)487-1271       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160712

DAVID JAMES SMITH
SAGUARO LAKE PADDLE BOAT TOURS INC
DESERT BELLE PADDLEBOAT TOURS
PO BOX 18607
FOUNTAIN HILLS AZ 85269

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  08073013         Renew? ______Yes_____No
Status:   Active           Status Date:     10/30/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID JAMES SMITH             ___________________
Location: DESERT BELLE PADDLEBOAT TOURS ___________________
          14011 N BUSH HWY/BOAT DOCK    ___________________
          FORT MCDOWELL, AZ 85215       ___________________
Business Phone:     (480)984-2425       __________

Renewal Fees:
     License Renewal:                  225.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            295.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160713

DOUGLAS PAUL CHESNEY
CHESNEY ENTERPRISES LTD
STARTERS SPORTS BAR & GRILL
1208 E LIBRA DR
TEMPE AZ 85283

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070306         Renew? ______Yes_____No
Status:   Active           Status Date:     10/9/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DOUGLAS PAUL CHESNEY          ___________________
Location: STARTERS SPORTS BAR & GRILL   ___________________
          1400 S MCCLINTOCK DR #15      ___________________
          TEMPE, AZ 85281               ___________________
Business Phone:     (480)967-2622       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160714

CLIFTON A JONES, JR.
AMERICAN LEGION #65
AMERICAN LEGION #65
P O BOX 21241
PHOENIX AZ 85036

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14070051         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLIFTON A JONES, JR.          _________________
Location: AMERICAN LEGION #65           _________________
          1624 E BROADWAY RD            _________________
          PHOENIX, AZ 85040             _________________
Business Phone:     (602)268-6059       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160715

STANLEY EARL CORBIN
MAVERICK SALOON INC
MAVERICK SALOON
6250 E CHENEY DR
PARADISE VALLEY AZ 85253

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070430         Renew? ______Yes_____No
Status:   Active           Status Date:     2/17/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STANLEY EARL CORBIN           _________________
Location: MAVERICK SALOON               _________________
          9605 N 19TH AVE               _________________
          PHOENIX, AZ 85021             _________________
Business Phone:     (602)943-5680       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RA160716

RANDY D NATIONS
PROPERTIES BY SONNY LLC
SONNY'S
19011 S ARIZONA AVE
CHANDLER AZ 85248

LICENSES EXPIRE ON JANUARY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06070318         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: SONNY'S                       ___________________
          19011 S ARIZONA AVE           ___________________
          CHANDLER, AZ 85248            ___________________
Business Phone:     (480)963-6632       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**