



JUN 15 2016

CITY CLERK

State of Arizona  
Department of Liquor Licenses and Control  
800 W. Washington 5<sup>th</sup> Floor  
Phoenix, AZ 85007  
(602) 542-5141

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## DLC USE ONLY

Date Processed:

6/13/16

CSR:

AP

60<sup>th</sup> Day:

8/12/16

## APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

NOTE: 1) The fee for an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H) NOTE 2) the \$100.00 fee for restructure/acquisition of control MUST be submitted with this application. (A.R.S. 4-209.A)

## SECTION 1

Check the appropriate boxes

☒ Agent Change  
Complete Sections 1,2,3,4,5 & 7

☒ Acquisition of Control  
Complete Sections 1,2, 3 & 7

☐ Restructure  
Complete Sections 1,2,3,6 & 7

## SECTION 2

## (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

1. Name: ZUNIGA JOEL P1045443 12083536  
(EXISTING AGENT OR NEW AGENT) Last First Middle Liquor License #
2. Owner Name: AZUL AGAVE LLC B1054981 Corp File #: L20094947  
(Exactly as it appears on Liquor License) (If applicable)
3. Business Name: AZUL AGAVE Email: NONE  
(Exactly as it appears on Liquor License)
4. Business Location Address: 1561 S PALO VERDE BLVD LAKE HAVASU CITY MOHAVE 86404  
(Do not use P.O. Box Number) City COUNTY Zip
5. Is the Business located within the incorporated limits of the above City or Town? ☒ Yes ☐ No
6. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation? ☐ Yes ☒ No If Yes, what City, Town or Tribal Reservation is this Business located in: \_\_\_\_\_
7. Mailing Address: 1561 S PALO VERDE BLVD LAKE HAVASU CITY AZ 86404  
City State Zip
8. Business Phone: [REDACTED] Daytime Contact Phone 928-230-9504
9. Does this transaction involve the sale of any portion of the percentage of ownership or corporate stock? ☒ Yes ☐ No If yes, submit a certified copy of minutes.
10. Has there been any change of Controlling Persons? ☒ Yes ☐ No If yes, submit a copy of the minutes, amended articles of organization and/or amended operating agreement showing change

## SECTION 3

## (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each new person listed in section III must submit a questionnaire (form LIC0101) and a Department approved fingerprint card which may be obtained at the Department of Liquor. A Controlling Person already disclosed to the Department is not required to submit a questionnaire.

1. List all Controlling Persons to be disclosed, current and new.

New	Last	First	Middle	Title	Address	City	State	Zip
<input type="checkbox"/>	ZUNIGA	JOEL		MEMBER				
<input checked="" type="checkbox"/>	SANCHEZ-GOMEZ	JOSE	ANGEL	MEMBER				
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders, percentage owners and/or Controlling Members owning 10% or more

New	Last	First	Middle	% Owned	Address	City	State	Zip
<input type="checkbox"/>	ZUNIGA	JOEL		51 %				
<input checked="" type="checkbox"/>	SANCHEZ-GOMEZ	JOSE	ANGEL	49 %				
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

If the ownership is owned by another entity, ATTACH AN OWNERSHIP FLOWCHART SHOWING THE OFFICERS, MEMBERS, CONTROLLING PERSON AND 10% OR MORE OWNERS FOR THE ENTITIES. Attach additional sheets as necessary in order to disclose all persons.

**SECTION 4****(COMPLETE THIS SECTION FOR AGENT CHANGE)**

1. As an Agent, will you be physically present and operating the licensed premise? ☒ Yes ☐ No  
 If you answered YES, you must provide a copy of your Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider BEFORE YOUR APPLICATION FOR AGENT ACQUISITION OF CONTROL OR RESTRUCTURE CAN BE SUBMITTED. If you answered NO, go to question 2.

2. Is there a current Manager at this license premises disclosed to the Department with the current Basic and Management Training Certificate? ☐ Yes ☐ No

If yes, Name of current Manager: HARRISON KARLA G  
 Last First Middle

Basic Training ☒ Yes ☐ No

Management Training ☒ Yes ☐ No

If "NO" for 1 and 2, a Manager with a current Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider must be submitted within 30 days after filing the application for Agent Change, Acquisition of Control or Restructure.

**SECTION 5****(COMPLETE THIS SECTION FOR AGENT CHANGE)**

To be completed by the INDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR L.I.C. CONTROLLING MEMBER:

1. License # 12083536

2. Current Agent Name: ALLEN PAUL ADOLPH SR.  
 (Exactly as it appears on license) Last First Middle

I, (Print full name) JOEL ZUNIGA, hereby consent to the appointment of Agent for this license. I agree to immediately assign a new Agent in the event that I am unable to discharge the duties of Agent for this license. I have not been convicted of a felony in the last five (5) years.

X [Redacted]  
 (Controlling Person/Existing Agent)

State of ARIZONA County of MOHAVE  
 The foregoing instrument was acknowledged before me this

My commission expires on: 4-5-2019

17th of APRIL may, 2016  
 Day Month Year

Krista 96  
 Signature of NOTARY PUBLIC

**SECTION 6****(COMPLETE THIS SECTION FOR RESTRUCTURE)**

Is there more than one licensed premises involved? ☐ YES ☐ NO

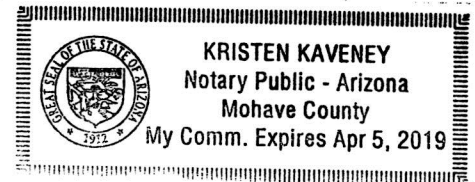
If YES, **SEPARATE APPLICATIONS** must be filed and fees paid for each license/location.

Type of current ownership:

- ☐ J.T.W.R.O.S.  
☐ INDIVIDUAL  
☐ PARTNERSHIP  
☐ CORPORATION  
☐ LIMITED LIABILITY CO.  
☐ MANAGEMENT CO.  
☐ TRIBE  
☐ TRUST  
☐ OTHER (Explain) \_\_\_\_\_

Type of new ownership:

- ☐ J.T.W.R.O.S.  
☐ INDIVIDUAL  
☐ PARTNERSHIP  
☐ CORPORATION  
☐ LIMITED LIABILITY CO.  
☐ MANAGEMENT CO.  
☐ TRIBE  
☐ TRUST  
☐ OTHER (Explain) \_\_\_\_\_

**SECTION 7****(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)**

To be completed by Controlling Person or existing Agent (if no agent changes) OR NEW Agent if applying for Agent change as listed in Section 2 Question 1.

I, (Print full name) JOEL ZUNIGA, hereby declare that I am the APPLICANT filing this application. I have read the application and the contents and all statements are true, correct and complete.

X [Redacted]  
 (Controlling Person/Existing Agent)

My commission expires on: 4-5-2019

State of ARIZONA County of PIMA MOHAVE  
 The foregoing instrument was acknowledged before me this

17th of APRIL may, 2016  
 Day Month Year

Krista 96  
 Signature of NOTARY PUBLIC

