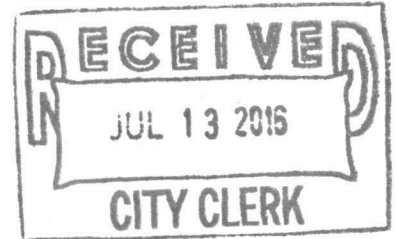




Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

*16 JUL 12 LIQ. LIC. PM 3 06



Application for Liquor License
Type or Print with Black Ink

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE
A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

SECTION 1 This application is for a:

- ☐ Interim Permit (Complete Section 5)
☐ New License (Complete Sections 2, 3, 4, 13, 14, 15, 16)
☒ Person Transfer (Complete Section 2, 3, 4, 12, 13, 14, 16)
☒ Location Transfer (Bars and Liquor Stores Only)
(Complete Section 2, 3, 4, 11, 13, 14, 16)
☐ Probate/ Will Assignment/ Divorce Decree
(Complete Sections 2, 3, 4, 9, 13, 14, 16)
(Fee not required)
☐ Government (Complete Sections 2, 3, 4, 10, 13, 16)
☐ Seasonal

SECTION 2 Type of Ownership:

- ☐ J.T.W.R.O.S. (Complete Section 6)
☐ Individual (Complete Section 6)
☐ Partnership (Complete Section 6)
☒ Corporation (Complete Section 7)
☐ Limited Liability Co (Complete Section 7)
☐ Club (Complete Section 8)
☐ Government (Complete Section 10)
☐ Trust (Complete Section 6)
☐ Tribe (Complete Section 6)
☐ Other (Explain) _____

SECTION 3 Type of license

1. Type of License: _____ SERIES #7 _____ LICENSE # 07080025

SECTION 4 Applicants

1. Individual Owner/Agent's Name: _____ LEWKOWITZ _____ ANDREA _____ DAHLMAN _____
Last First Middle P1856227
2. Owner Name: _____ DESAI ENTERTAINMENT, INC. _____
(Ownership name for type of ownership checked on section 2) B1057017
3. Business Name: _____ STAR CINEMAS HAVASU _____
(Exactly as it appears on the exterior of premises) B1057018
4. Business Location Address: _____ 5601 HIGHWAY 95 N. BLDG I _____ LAKE HAVASU CITY, AZ _____ 86404 _____ MOHAVE _____
(Do not use PO Box) Street City State Zip Code County
5. Mailing Address: _____
(All correspondence will be mailed to this address) Street City State Zip Code
6. Business Phone: _____ (928) 764-2010 _____ Daytime Contact Phone: _____
7. Email Address: _____
8. Is the Business located within the incorporated limits of the above city or town? ☒ Yes ☐ No
9. 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: _____
10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ _____

| | | | | |
|---|----------------------|---------------------------|---------------|-------------------|
| Fees: <u>200.00</u> | Department Use Only | | <u>22.00</u> | <u>\$ 222.00</u> |
| Application | Interim Permit | Site Inspection | Finger Prints | Total of All Fees |
| Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Accepted by: <u>SG</u> | Date: <u>7/12/16</u> | License # <u>07080025</u> | | |

SECTION 5 Interim Permit

- If you intend to operate business when your application is pending you will need an interim permit pursuant to ARS § 4-203.01
- There **MUST** be a valid license of the same type you are applying for currently issued to the location or for the replacement of a Hotel/Motel license with a Restaurant license pursuant to A.R.S. § 4-203.01.

1. Enter license number currently at the location: _____

2. Is the license currently in use? ☐ Yes ☐ No If no, how long has it been out of use? _____

Attach a copy of the license currently issued at this location to this application.

I, _____ declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on
(Print Full Name) the stated license and location.

X _____ State of _____ County of _____
(Signature of CURRENT Individual Owner/Agent) The foregoing instrument was acknowledged before me this

My commission expires on: _____ Date _____ Day _____ of _____ Month _____ Year

Signature of NOTARY PUBLIC

SECTION 6 Individual, Partnership, J.T.W.R.O.S, Trust, Tribe Ownerships

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

Individual

| Last | First | Middle | %Owned | Mailing Address | City | State | Zip Code |
|------|-------|--------|--------|-----------------|------|-------|----------|
| | | | | | | | |

Is any person other than above, going to share in profit/losses of the business? ☐ Yes ☐ No

If Yes, give name, current address, and telephone number of person(s). Use additional sheets if necessary.

| Last | First | Middle | Mailing Address | City | State | Zip Code | Phone # |
|------|-------|--------|-----------------|------|-------|----------|---------|
| | | | | | | | |
| | | | | | | | |

Partnership

Name of Partnership: _____

| General-Limited | Last | First | Middle | %Owned | Mailing Address | City | State | Zip Code |
|--------------------------|--------------------------|-------|--------|--------|-----------------|------|-------|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |

J.T.W.R.O.S (Joint Tenant with Rights of Survivorship)

Name of J.T.W.R.O.S: _____

| Last | First | Middle | Mailing Address | City | State | Zip Code |
|------|-------|--------|-----------------|------|-------|----------|
| | | | | | | |
| | | | | | | |

SECTION 6 - continued

TRUST

Name of Trust: _____

| Last | First | Middle | Mailing Address | City | State | Zip Code |
|------|-------|--------|-----------------|------|-------|----------|
| | | | | | | |
| | | | | | | |

TRIBE

Name of Tribal Ownership: _____

| Last | First | Middle | Mailing Address | City | State | Zip Code |
|------|-------|--------|-----------------|------|-------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

SECTION 7 Corporations/ Limited Liability Co

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

☒ Corporation Complete Questions 1, 2, 3, 4, 5, 6, and 7

☐ L.L.C. Complete Questions 1, 2, 3, 4, 5, 6, and 7

1. Name of Corporation/ L.L.C.: DESAI ENTERTAINMENT, INC.

2. Date Incorporated/Organized: 05/05/2016 State where Incorporated/Organized: ARIZONA

3. AZ Corporation or AZ L.L.C File No: 20900490 Date authorized to do Business in AZ: 05/18/2016

4. Is Corp/L.L.C. Non Profit? ☐ Yes ☒ No

5. List Directors, Officers, Members in Corporation/L.L.C:

| Last | First | Middle | Title | Mailing Address | City | State | Zip Code |
|-------|-------|------------|----------|--|------|-------|----------|
| DESAI | ATUL | ARVINDBHAI | DIRECTOR | 22 AVIGNON AVE, FOOTHILL RANCH, CA 92610 | | | |
| | | | | | | | |
| | | | | | | | |

(Attach additional sheet if necessary)

6. List all Stockholders / percentage owners who own 10% or more:

| Last | First | Middle | %Owned | Mailing Address | City | State | Zip Code |
|-------|-------|------------|--------|--|------|-------|----------|
| DESAI | ATUL | ARVINDBHAI | 100% | 22 AVIGNON AVE, FOOTHILL RANCH, CA 92610 | | | |
| | | | | | | | |
| | | | | | | | |

(Attach additional sheet if necessary)

7. If the corporation/ L.L.C are owned by another entity, attach an Organizational **FLOWCHART** showing the structure of the ownership. Attach additional sheets as needed in order to disclose the Officers, Directors, Members, Managers, Partners, Stockholders and percentage owners of those entities.

~~EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD~~

- | Last | First | Middle | Mailing Address | City | State | Zip Code |
|------|-------|--------|-----------------|------|-------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

page 4 of 9
Individuals requiring ADA accommodations please call (602)542-9027

SECTION 12 Person to Person Transfer**Questions to be completed by Current Licensee (Bar and Liquor Stores Only- Series, 06, 07, and 09)**1. Individual Owner / Agent Name: SIMPSON MICHAEL STEPHEN Entity: AGENT
Last First Middle (Individual, Agent, Etc.)2. Ownership Name: SIMPSON ASSETS, LLC
(Exactly as it appears on license)3. Business Name: CHAMPS PUB & GRILL
(Exactly as it appears on license)4. Business Location Address: 2215 E BUTLER AVE KINGMAN AZ 86409
Street City State Zip5. License Type: BEER & WINE BAR License Number: 070800256. Current Mailing Address: 3683 N HARVARD ST KINGMAN AZ 86409
Street City State Zip7. Have all creditors, lien holders, interest holders, etc. been notified? ☒ Yes ☐ No8. Does the applicant intend to operate the business while this application is pending? ☐ Yes ☒ No

If yes, complete Section 5 (Interim Permit) of this application; attach fee, and current license to this application.

9. I, (Print Full Name) Michael Stephen Simpson hereby authorize the department to process this Application to transfer the privilege of the license to the applicant provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.I, (Print Full Name) Michael Stephen Simpson declare that I am the **CURRENT OWNER, MEMBER, PARTNER STOCKHOLDER or LICENSEE** of the stated license. I have read the above Section 12 and confirm that all statements are true, correct, and complete.**NOTARY**X [Redacted Signature]
(Signature of CURRENT Individual Owner/Agent)State of Arizona County of Mohave
The foregoing instrument was acknowledged before me thisMy commission expires on: Oct 19, 2017
Date29th of June, 2016
Day Month YearBeth Maze
Signature of NOTARY PUBLIC

SECTION 13 Proximity to Church or School

Questions to be completed by all in-state applicants.

A.R.S. § 4-207. (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building.

The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02) Series 12
- b) Hotel/motel license (§ 4-205.01) Series 11
- c) Microbrewery Series 3
- d) Craft Distillery Series 18

- e) Government license (§ 4-205.03) Series 5
- f) Fenced playing area of a golf course (§ 4-207 (B)(5))
- g) Wholesaler Series 4
- h) Farm Winery Series 13

1. Distance to nearest School: 4.1 MILES Name of School: NAUTILUS ELEMENTARY SCHOOL
 (if less than one (1) mile note footage) Address: 1425 PATRICIAN DR. LAKE HAVASU CITY, AZ 86404
2. Distance to nearest Church: 2.5 MILES Name of Church: NEW HOPE CALVARY CHURCH
 (if less than one (1) mile note footage) Address: 3735 LONDON BRIDGE RD.
LAKE HAVASU CITY, AZ 86404

SECTION 14 Business Financials

1. I am the: ☒ Lessee ☐ Sub-lessee ☐ Owner ☐ Purchaser ☐ Management Company

2. If the premise is leased give lessors: Name: CAPITAL REAL ESTATE VENTURES INC.

Address: [REDACTED]
 Street City State Zip

3. Monthly Rent/ Lease Rate: \$ [REDACTED]

4. What is the remaining length of the lease? Yrs. 14 Months 11

5. What is the penalty if the lease is not fulfilled? \$ TERMINATION or Other: MONETARY PENALTIES
 (Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ 0.00

Please List Lenders/People you owe money to for business.

| Last | First | Middle | Amount Owed | Mailing Address | City | State | Zip |
|------|-------|--------|-------------|-----------------|------|-------|-----|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

(Attach additional sheet if necessary)

7. What type of business will this license be used for (be specific)?

MOVIE THEATER

8. Has a license or a transfer license for the premises on this application been denied by the state with in the past (1) year? ☐ Yes ☒ No If yes, attach explanation.

9. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business? ☐ Yes ☒ No

10. Is the premises currently license with a liquor license? ☐ Yes ☒ No

If yes, give license number and licensee's name:

License #: N/A Individual Owner /Agent Name: _____
 (Exactly as it appears on license)

SECTION 15 Restaurant or hotel/motel license applicants

1. Is there an existing Restaurant or Hotel/Motel Liquor License at the proposed location? ☐ Yes ☐ No
2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-205.01; and complete SECTION 5 of this application.
3. All Restaurant and Hotel/Motel applicants must complete a Restaurant Operation Plan form provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02. (H)(2), a Restaurant is an establishment which derives at least forty (40) percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from sales of food and spirituous liquor on the licensed premises. By applying for this ☐ Restaurant ☐ Hotel/Motel, I certify that I understand that I must maintain a minimum of forty (40) percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit form with this application.

(Applicant's Signature)

5. I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing; specify why the extension is necessary; and the new inspection date you are requesting.

(Applicant's Initials)

SECTION 16 Diagram of Premises

Check ALL boxes that apply to your business:

- | | | | |
|---|--|---------------|---|
| <input checked="" type="checkbox"/> Entrances/Exits | <input checked="" type="checkbox"/> Liquor storage areas | Patio: | <input type="checkbox"/> Contiguous |
| <input type="checkbox"/> Walk-up windows | <input type="checkbox"/> Drive-through windows | | <input type="checkbox"/> Non Contiguous |

1. Is your licensed premises currently closed due to construction, renovation or redesign? ☐ Yes ☒ No
If yes, what is your estimated completion date? _____

Month/Day/Year

2. **Restaurants and Hotel/Motel** applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Place for diagram is on section 16 number 6.
3. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored on the premises unless it is a restaurant (see # 3 above).
4. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises such as parking lots, living quarters, etc.
5. **As stated in A.R.S. § 4-207.01 (B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to the boundaries, entrances/exits, added or deleted doors, windows, service windows or increase or decrease to the square footage of the premises.**

(Applicant's Initials)

SECTION 16 Diagram of Premises – continued

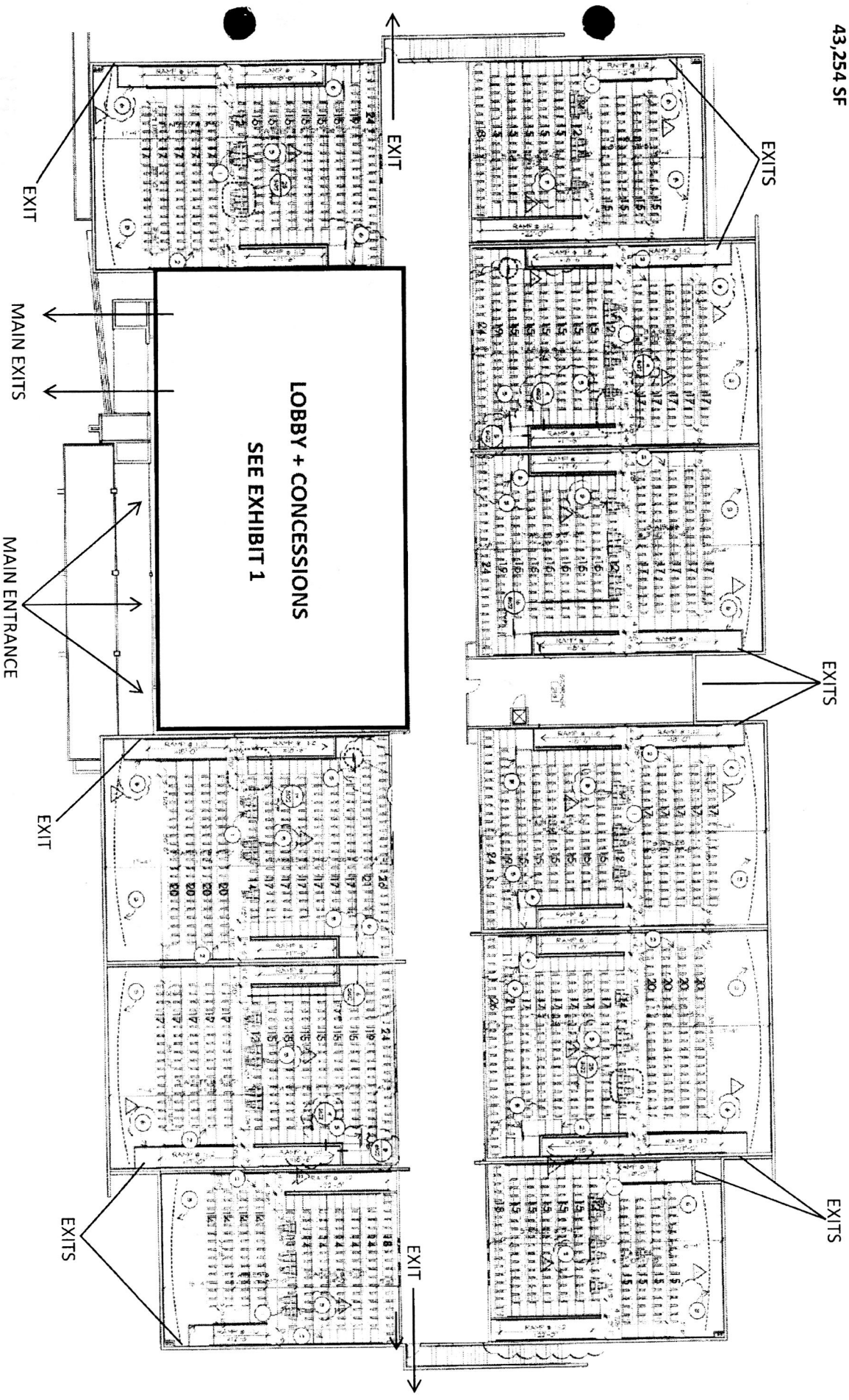
6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. DO NOT include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of the premises is attached to this application, please write the words "DIAGRAM ATTACHED" in the box provided for the diagram on the application.

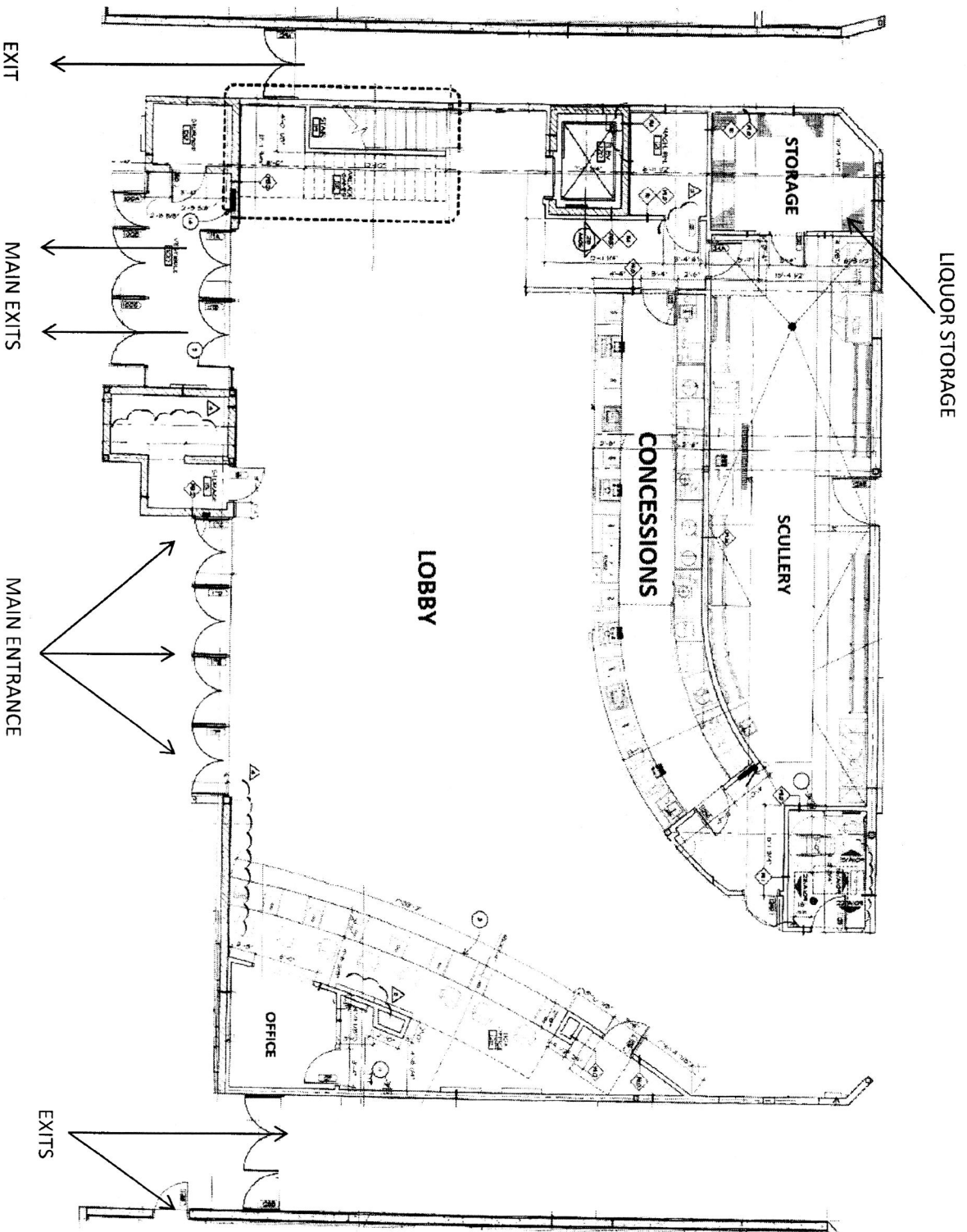
DIAGRAM OF PREMISES

DIAGRAM ATTACHED

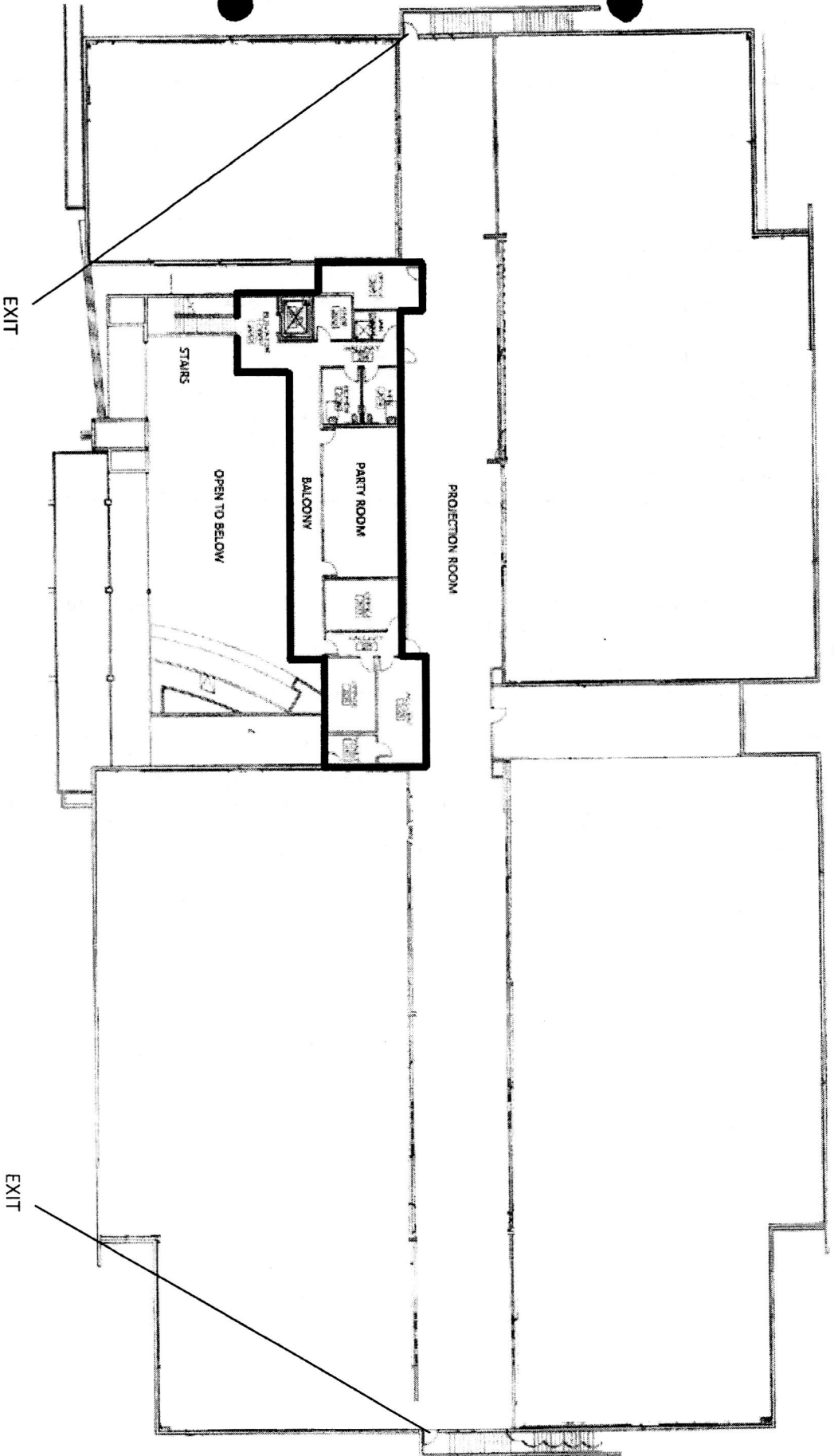
STAR CINEMAS HAVASU
5601 HIGHWAY 95 N. BLDG 1
LAKE HAVASU CITY, AZ 86404
43,254 SF



STAR CINEMAS HAVASU
EXHIBIT 1



STAR CINEMAS HAVASU
SECOND LEVEL



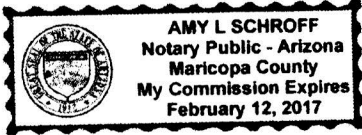
SECTION 17 SIGNATURE BLOCK

NOTARY

I, (Print Full Name) ANDREA DAHLMAN LEWKOWITZ, hereby declare that I am the Owner/Agent filing this application as stated in S [REDACTED] on and verify all statements to be true, correct and complete.

X [REDACTED] State of ARIZONA County of MARICOPA
The foregoing instrument was acknowledged before me this

My commission expires on: 02-12-2017 Date 12 of JULY, 2016
Day Month Year



Amy L. Schroff
Signature of NOTARY PUBLIC

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.