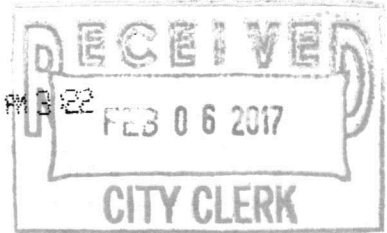




Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

17 FEB 3 11:41 AM '17



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 # 07083001

SECTION 4 Applicants

1. Individual Owner/Agent's Name: LEWKOWITZ ANDREA DAHLMAN
Last First Middle

2. Owner Name: HANGAR 24 CRAFT BREWERY, LLC
(Ownership name for type of ownership checked on section 2) B1057127

3. Business Name: HANGAR 24
(Exactly as it appears on the exterior of premises) B1052513

4. Business Location Address: 5600 N. HWY 95, #6 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) 846-4379 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: | | Department Use Only | | Total of All Fees | |
|---|--------------|---------------------|---------------------------|---|-----------------------------|
| Application | <u>\$200</u> | Interim Permit | _____ | Finger Prints | <u>\$200.00</u> |
| Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? | | Site Inspection | _____ | | |
| | | | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Accepted by: <u>[Signature]</u> | | Date: <u>2/3/17</u> | License # <u>07083001</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, _____ (Print Full Name) | | declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location. | |
| X _____ (Signature of CURRENT Individual Owner/Agent) | State of _____ | County of _____ | 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.: HANGAR 24 CRAFT BREWERY, LLC

2. Date Incorporated/Organized: 06/10/2016 State where Incorporated/Organized: ARIZONA

3. AZ Corporation or AZ L.L.C File No: Date authorized to do Business in AZ: 06/16/2016

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 |
|------|----------|---------|---------|-----------------|------|-------|----------|
| COOK | BENJAMIN | PHILLIP | MANAGER | | | | |
| | | | | | | | |
| | | | | | | | |

(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 |
|------|----------|---------|--------|-----------------|------|-------|----------|
| COOK | BENJAMIN | PHILLIP | 100% | | | | |
| | | | | | | | |
| | | | | | | | |

(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: ****SEE ATTACHED BILL OF SALE**** Entity: _____
Last First Middle (Individual, Agent, Etc.)

2. Ownership Name: _____
(Exactly as it appears on license)

3. Business Name: _____
(Exactly as it appears on license)

4. Business Location Address: _____
Street City State Zip

5. License Type: _____ License Number: _____

6. Current Mailing Address: _____
Street City State Zip

7. Have all creditors, lien holders, interest holders, etc. been notified? ☐ Yes ☐ No

8. 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) _____ 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) _____, 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 _____
(Signature of CURRENT Individual Owner/Agent)

State of _____ County of _____
The foregoing instrument was acknowledged before me this

My commission expires on: _____
Date

_____ of _____
Day Month Year

Signature of NOTARY PUBLIC

COPY

17 FEB 3 11:15 AM '15

BILL OF SALE

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, **Lake Havasu Cigars, LLC**, an Arizona limited liability company ("Seller"), hereby sells, grants, and transfers to **Hangar 24 Craft Brewery, LLC**, a California limited liability company ("Buyer"), all right, title and interest in and to Arizona Liquor License No. 07083001 ("the License").

Seller warrants that it is the lawful owner of the License, that the License is free and clear of all claims, liens, or encumbrances, and the undersigned is authorized to execute all documents necessary to effect transfer of the License.

This Bill of Sale shall be binding on Seller, its successor and assigns, and shall inure to the benefit of Buyer, its successors and assigns

Lake Havasu Cigars, LLC,
an Arizona limited liability company

By _____
Brady Hayek, Member

STATE OF _____)
) ss.
County of _____)

SUBSCRIBED AND SWORN to before me this _____ day of January, 2017, by
Brady Hayek on behalf of Lake Havasu Cigars, LLC, an Arizona limited liability company

My Commission Expires: _____

Notary Public

see
attached
CA Jurat
1-23-17
YUW

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness, accuracy, or validity of that document.

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

1
2
3
4
5
6

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

State of California

County of San Diego

Subscribed and sworn to (or affirmed) before me

on this 23 day of January, 2017
by Date Month Year

(1) Brady E. Hayek
Name of Signer

proved to me on the basis of satisfactory evidence
to be the person who appeared before me (.) (.)

(and

(2) _____
Name of Signer

proved to me on the basis of satisfactory evidence
to be the person who appeared before me.)

Signature Jessica L. Winandy
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable
to persons relying on the document and could prevent fraudulent removal
and reattachment of this form to another document.

Further Description of Any Attached Document

Title or Type of Document: Bill of Sale

Document Date: 1-23-2017 Number of Pages: 4

Signer(s) Other Than Named Above: N/A

RIGHT THUMBPRINT
OF SIGNER #1
Top of thumb here

RIGHT THUMBPRINT
OF SIGNER #2
Top of thumb here

17 FEB 3 04 PM '17

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: 4.3 MILES
(If less than one (1) mile note footage)

Name of School: NAUTILUS ELEMENTARY SCHOOLAddress: 1425 PATRICIAN DR. LAKE HAVASU CITY, AZ 86404

2. Distance to nearest Church: 2 MILES
(If less than one (1) mile note footage)

Name of Church: HAVASU BIBLE FELLOWSHIPAddress: 3735 LONDON BRIDGE RD, LAKE HAVASU CTY
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: DESERT SKIES EXECUTIVE AIR TERMINALAddress: 5600 N HWY 95, LAKE HAVASU CITY, AZ 86404

Street City State Zip

3. Monthly Rent/ Lease Rate: \$ 4. What is the remaining length of the lease? Yrs. 2 Months 0

5. What is the penalty if the lease is not fulfilled? \$ or Other: Termination + 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)?

RESTAURANT

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 ☒ No10. Is the premises currently license with a liquor license? ☒ Yes ☐ No

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

License #: 12083511 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. § 4-203.01; 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:

- ☒ Entrances/Exits ☒ Liquor storage areas **Patio:** ☒ Contiguous
☐ Walk-up windows ☐ Drive-through windows ☐ 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 after the initial diagram.**

(Applicant's Initials)

SECTION 16 Diagram of Premises – continued

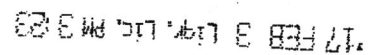
6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. DO NOT include parking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

17 FEB 3 1976 PM 3 23

3550 SF

SECTION 17 SIGNATURE BLOCK

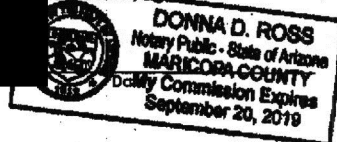
NOTARY

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

X [Redacted Signature]
(Signature of CURRENT Owner/Agent)

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

My commission expires on:



24 of FEBRUARY 2017
Day Month Year
Donna D. Ross
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.

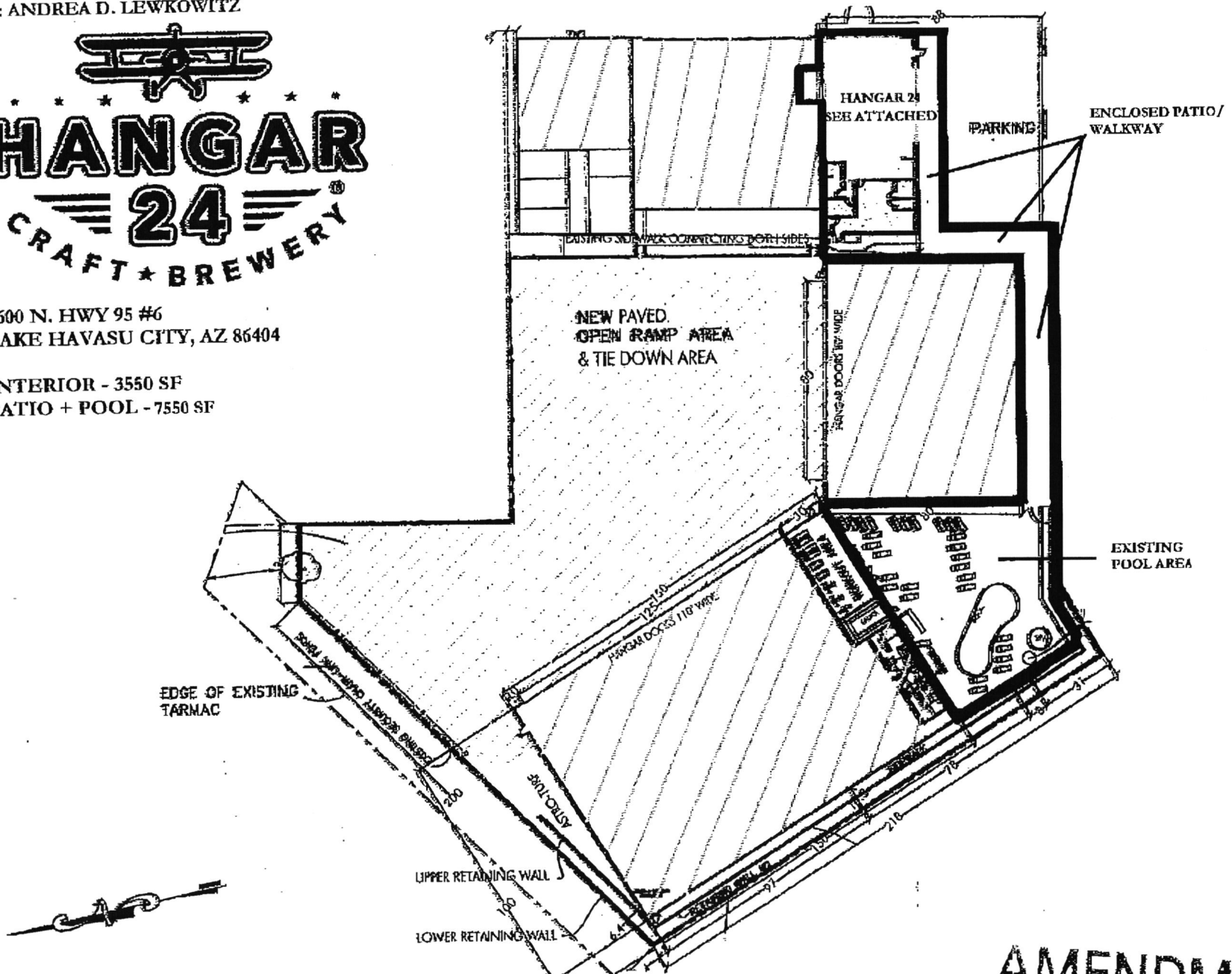
F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

AMENDMENT: #07083001
AGENT: ANDREA D. LEWKOWITZ



5600 N. HWY 95 #6
LAKE HAVASU CITY, AZ 86404

INTERIOR - 3550 SF
PATIO + POOL - 7550 SF



17 FEB 21 10:41 AM 2013

AMENDMENT

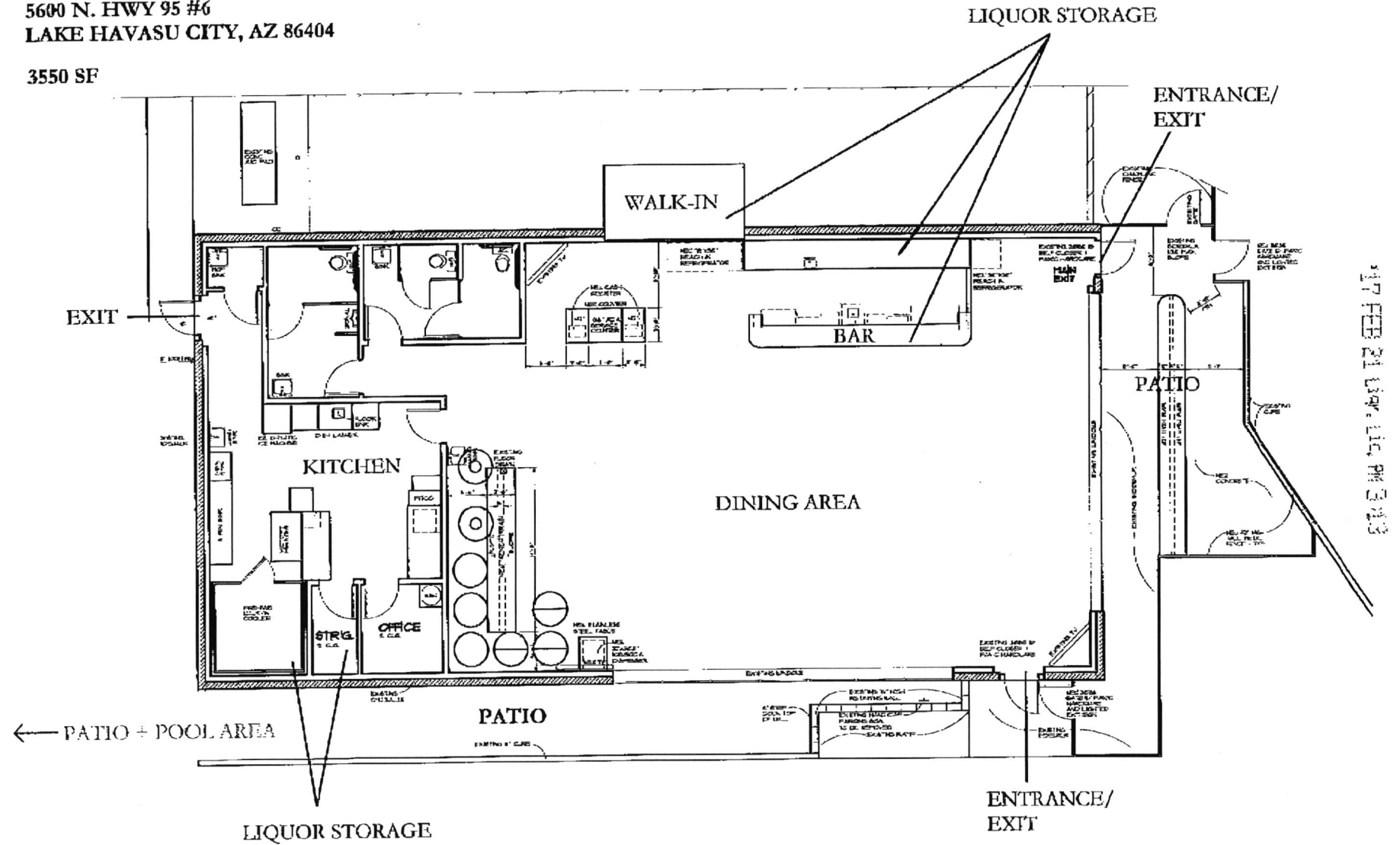
AMENDMENT ATTACHMENT (#07083001)

HANGAR 24

5600 N. HWY 95 #6

LAKE HAVASU CITY, AZ 86404

3550 SF



47 FEB 21 1946 PM 3 23

AMENDMENT