

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

DLLC USE ONLY	-
License # 300	
Date Accepted: 5-13-17	
CSR: AP	

Yes

□No

MIZON			
	Application for Liq Type or Print with		DECEIVED
APPLICATION	ON FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUN	
	e fee of \$25 will be charged for all d	lishonored checks (A.R.S. § 44-6	of Ownership MAY 1 8 2017
SECTION 1 Type of License		J.T.W.R.O.S.	or Ownership
☐Interim Permit		∭individual	CITY CLERK
New License		Partnership	Comments of the Comment of the Comme
Person Transfer		Corporation	y Co
Location Transfer (series 6,	7 and 9)	Limited Liabilit	y Co
Probate/ Will Assignment/		Club	
Seasonal		☐ Government	15 Light Life
		□Trust	Ą
		□Tribe	 .
		Other (Explain	n)
	Add Sampling Privilege for Series A.R.S.§4-206.01(G), (H), (I) & (L) Add Growler privileges (restaura A.R.S.§4-207(A) & (B)		Žñ.
1.Type of License (restaurant, ba	cotal. Series 18	2. LICENSE # (if issued):	18083001
1.Type of acerise (restaurant, ba	1 (((,))	2. EICENSE # (# 133000).	
SECTION 4 Applicants		1.150.7.	71/ (1 01/767)
SECTION 4 Applicants	ERSEN /	NOREW	71GH P107627
SECTION 4 Applicants 1. Agent's Name:		ANDERSEN	71GH P107807 Middle
SECTION 4 Applicants 1. Agent's Name:	ERSEN / Last ANDREW TIGH type of ownership checked on section 1)	ANDREW ANDERSEN STILL DIS	TIGH P107827 Middle B1058824
SECTION 4 Applicants 1. Agent's Name:	ERSEN Last ANDREW TIGH type of ownership checked on section 1) ess As-DBA): COPPER 2005 W. A Street	ANDREW ANDERSEN STILL DIST HEGBURD COMPLETER HAVASSINE	TILLERY BIOSEB24 SUCTIVE AZ 8 LEYD3 ZIEDGOGE COUNTY
SECTION 4 Applicants 1. Agent's Name: 2. Applicant/Licensee Name: (Ownership name for 3. Business Name (Doing Busines 4. Business Location Address: (Do not use PO Box) 5. Mailing Address: 2005	ERSEN Last ANDREW TIGH type of ownership checked on section 1) ess As-DBA): COPPER ADDS W. A Street W. ACOMA BLYD	ANDREW First ANDERSEN STILL DIST HEGIND HOMA BLAKEHAVA GRILLAKEHAVASONIE GLILLETY AZ	FILLERY BIOSEB24 SUCTU AZ BLYDS
SECTION 4 Applicants 1. Agent's Name: 2. Applicant/Licensee Name: (Ownership name for 3. Business Name (Doing Busine 4. Business Location Address: (Do not use PO Box) 5. Mailing Address: 2005 (All correspondence will be mailed to this	ERSEN Last ANDREW TIGH Type of ownership checked on section 1) ess As-DBA): COPPER AUDS W. A Street W. ACOMA BLYD address) Street	ANDREW First ANDERSEN STILL DIST COMA BLAKEHAVA City LAKEHAVA GLEGE CITY AZ City State	FILLERY BIOSEB 24 SUCTIVE AZ BLYO3 TREBOOGE COUNTY BLYO3
SECTION 4 Applicants 1. Agent's Name: 2. Applicant/Licensee Name: (Ownership name for 3. Business Name (Doing Busines 4. Business Location Address: (Do not use PO Box) 5. Mailing Address: 205 (All correspondence will be mailed to this	ERSEN ANDREW TIGH type of ownership checked on section 1) ess As-DBA): COPPER AUDS W. A Street W. ACOMA BLYD address) Street	ANDREW First ANDERSEN STILL DIST HEGIND HOMA BLAKEHAVA GRILLAKEHAVASONIE GLILLETY AZ	FILLERY BIOSEB 24 SUCTIVE AZ BLYO3 TREBOOGE COUNTY BLYO3
SECTION 4 Applicants 1. Agent's Name: 2. Applicant/Licensee Name: (Ownership name for 3. Business Name (Doing Busine 4. Business Location Address: (Do not use PO Box) 5. Mailing Address: (All correspondence will be mailed to this 6. Business Phone: 7. Email Address:	ERSEN ANDREW TIGH type of ownership checked on section 1) ess As-DBA):COPPER ADD 5 W. A Street W. ACOMA BLYD address) Street O'NG Daytin	ANDREW FIRST ANDERSEN STILL DIST COMA BLAVEHAVA City LAKE HAVASINE City State me Contact Phone:	FILLERY BIOSEB24 SUCTU AZ BLYO3 Typ code county BLYO3 Zip code
SECTION 4 Applicants 1. Agent's Name:	ERSEN ANDREW TIGH Type of ownership checked on section 1) Pess As-DBA): COPPER AUDS W. A Street W. ACOMA BLYD address) Street Daytin	ANDREW First ANDERSEN STILL DIST COMA BLAKEHAVA CRY LAKE HAVASUME CRY LAKE HAVASUME CRY LAKE HAVASUME CRY LAKE HAVASUME STATE CRY STATE CHY AZ CRY STATE CHY AZ CRY STATE CHY S	TILLERY BIOS8824 SUCTU AZ SLYO3 Ziplode county 81,403 Zip Code
SECTION 4 Applicants 1. Agent's Name:	ERSEN ANDREW TIGH Type of ownership checked on section 1) Pess As-DBA): COPPER AUDS W. A Street W. ACOMA BLYD address) Street Daytin	ANDREW First ANDERSEN STILL DIST COMA BLAKEHAVA CRY LAKE HAVASUME CRY LAKE HAVASUME CRY LAKE HAVASUME CRY LAKE HAVASUME STATE CRY STATE CHY AZ CRY STATE CHY AZ CRY STATE CHY S	FILLERY BIOSEB24 SUCTU AZ BLYO3 Typ code county BLYO3 Zip code
SECTION 4 Applicants 1. Agent's Name:	ERSEN ANDREW TIGH Type of ownership checked on section 1) Pess As-DBA): COPPER AUDS W. A Street W. ACOMA BLYD address) Street Daytin	First ANDERSEN STILL DIST COMA BUNCHAVA City LAKE HAVASSINE City State The Contact Phone: above city or town? XYes In Community is this business	TILLERY BIOSE824 SUCTIVE AZ SLAVOHAVE ADDOGE COUNTY SLAVOS ZIP CODE INO located? LAKE HAVASU

Is Arizona Statement of Citizenship & Alien Status for State Benefits complete?

SECTION 5 Background Check							
EACH PERSON LISTED MUST SUB	MIT A QUES	TIONNAIRE, FIN	GERPRINT CA	ARD ALONG WITH	22. PROCES	SING FEE PER	CARD.
1. If the applicant is an entity, r	ot an indivi	idual, answer q	uestions 1a-b	D.			
a) Date Incorporated/O	rganized: _		State v	vhere Incorporated	d/Organized	:	
b) AZ Corporation or AZ	L.L.C. File N	o:	Date	authorized to do b	usiness in AZ		
2. List any individual or entity th	nat own a h	eneficial intere	et of 10 % or	more and/or contr	ok the licen	se If the ann	olicant is
owned by another entity, atta	ich an orga	anizational cha	art showing t	he ownership struc	ture. Attach	additional:	sheets as
needed to disclose any contro							
% or more of the license.							
Last First	Middle	Title	%Owned	Mailing Address	City	State	Zip
Andersen Andrew	Tish	Owner	100				17.864
1 10036	1137	Oune	1,00	2005 W Acor	The DMB	COR HTWEST	,42.801
		(Attach additi	onal sheet if ne	cessary)		>	
SECTION 6 Interim Permit							
Enter license number curre Is the license currently in us I. (Signature) CONTROLLING PERSON on the	e? 🗌 Yes 🏻	☐ No If no,	how long ha		?		
				this location to thi	s application	n.	
			NOTARY				
State of Arizona)						
County of)						
On this Day of	, 20	before n	ne personally	appeared	(Driet Harmo of I	Document Signer)	
Whose identity was proven to r							bo and
acknowledged that he or she	signed the	above/attache	ed documen	e to be the person t.	WHO HE OF S	ne claims to	be and
				Signature	of NOTARY PUBL	ıc	
(Affix Seal Above)							
SECTION 7 Probate, Receiver, B	ankruptcy	Trustee, Assigni	ment, or Divo	orce Decree of an e	existing liquo	r license AR	S § 4-204
EACH PERSON LISTED MUST SUB	MIT A QUES	TIONNAIRE, FIN	GERPRINT CA	ARD ALONG WITH S	22. PROCES	SING FEE PER	CARD.
1.0							
1.Current Licensee's Name:	1	*		Fire			
2. Assignee's Name:				First		Middl	e
z. august i name.	Last			First		Midd	e
License Number:							

ATTACH A COPY OF THE DOCUMENT THAT SPECIFICALLY ASSIGNS THE LIQUOR LICENSE TO THE ASSIGNEE.

SECTION 8 Government (for Cities, Towns or Counties only) Government Entity: Person/Designee: __ Daytime Contact Phone # Middle A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED. SECTION 9 Person to Person - Current Licensee Information ARS§4-203(C), (D), (G) (Bar and Liquor Stores only - Series 06, 07 and 09) License #: ___ 2. Current Agent Name: _____ Middle Current Licensee Name: (Exactly as it appears on the license) 4. Current Business Name: (Exactly as it appears on the license) 5. Current Daytime Phone: _____ Primary Email Address: _____ 6. Does current licensee intend to operate the business while this application is pending? Yes No 7.1 authorize the transfer of this license to the applicant: Signature or Agent or Individual controlling person NOTARY State of Arizona County of _ On this ____Day of _____, 20 ____before me personally appeared ______(Print Name of Document Signer) Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document. Signature of NOTARY PUBLIC (Affix Seal Above)

SECTION 10 Proximity to Church or School - Questions to be completed by 6, 7, 9, 10 and 12G applicants.

A.R.S.§4-207. (A) and (B) state that no <u>retailer's license</u> 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:

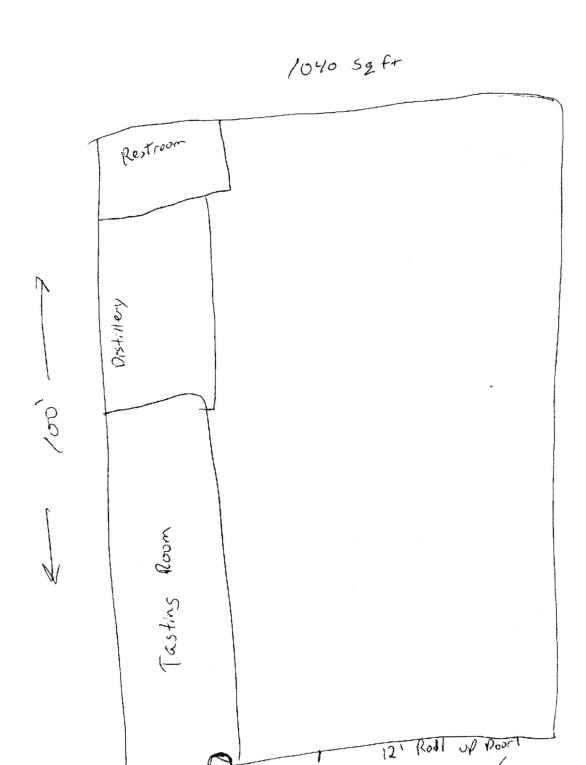
- a) Restaurants that do not sell growlers (A.R.S.§4-205.02) Series 12
- b) Hotel/motel Icense (A.R.S.§4-205.01) Series 11
- c) Microbrewery (A.R.S.§4-205.08) Series 3
- d) Craft Distillery (A.R.S.§4-205.10) Series 18

- e) Government license (A.R.S.§4-205.03) Series 5
- f) Playing area of a golf course (A.R.S.§4-207 (B)(5))
- g) Wholesaler/Distributor Series 4
- h) Farm Winery Series 13
- 1) Producer Series 1

-Section 10 continued -

Distance to nearest School: (If less than one (1) mile note footage)		Name of School:Address:			
(a less than one (i) time note lookage)	a 7	Address:			
SECTION 11 Business Financials A.R.S.§4-202	(F)				
Tenant: a person who holds the lease of a p Sub-tenant: a person who holds a lease wh Owner Purchaser Management Company	roperty; a lessee. lich was given to and	other person (tenant)	for all or part of a pro	operty,	
2. If the premises is leased give lessors:	Name:		·		
	Address				
2 What is the money. The large of the		Street	City State	**************************************	
3. What is the penalty if the lease is not fulfille		1	[:		
4. Total money borrowed for the Business no	t including lease? \$	_6			
Please List Lenders/People you owe money	to for business.				
Last First Middle	Amount Owed	Mailing Address	City State	Zip	
5. Has a license or a transfer license for the p	(Attach additional sheet premises on this app		d by the state withi	n the past year?	
	s, attach explanation			, , , , , , , , , , , , , , , , , , , ,	
6. Does any spirituous liquor manufacture, who	olesaler, or employe	ee have an interest in	your business?		
	s, attach explanatio				
SECTION 12 Diagram of Premises					
Check ALL boxes that apply to your business				u u	
☐ Walk-up or drive-through windows	5				
Patio: Contiguous		Non-Contiguous with	nin 30 feet		
1. Is your licensed premises now closed due	to construction, ren	ovation or redesign	or rebuild?		
Yes No If yes, what is your estimate	ed completion date	?/			
Please attach a diagram of the premises whi consumed, dispensed, possessed or stored. I floor, stage, game room and the kitchen. DC conducted under this liquor license. When North	Include all entrance O NOT INCLUDE part	es, exits, interior walls king lots, living quarte	, bar areas, dining ers or areas where	areas, dance business is not	

North. 2/24/2017



1 E/E 325 x - 7

-Section 12 continued on next page-

- 2. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed areas such as parking lots, living quarters, etc.
- 3. 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 service areas or the square footage of the licensed premises, either by increase or decrease.

Applicants Initials

RESTAURANTS AND HOTELS/MOTELS ONLY

(IMPORTANT NOTE: A site inspection must be conducted prior to activation of the license. The fee of \$50.00 will be due and payable upon submitting this application.)

- 4a. Provide a detailed drawing of the kitchen and dining areas, including the locations of all kitchen equipment and dining furniture, these are required as part of the diagram. A.R.S.§4-205.02(C)
- 4b. Provide a restaurant operation plan.

SECTION 13 SIGNATURE BLOCK

I, (Signature), hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.
NOTARY
County of MY ICOPS On this Day Day of Month, 20 17 before me personally appeared From Markersen (Print Name of Document Signer) Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged the Print Name of Notary Public, ARIZONA MARICOPA COUNTY My Commission Expires February 22, 2020 Alter School And Arizona Signature of NOTARY PUBLIC Signature of NOTARY PUBLIC
(Affix Seal Above)

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.