| | 18 件来 7 Arizona Department of Liqu 800 W Washingt Phoenix, AZ 8 www.azliqu (602) 542 | on 5th Floor 5007-2934 Ior.gov | Lic | te Accepted; | 516 |
|---|--|--|---|---|--------------|
| And a | Application for Li Type or Print wit | | | REC | GIMED |
| | ON FEE AND INTERIM PERMIT FEES | (IF APPLICABLE) ARE N | | BLE | |
| <u>SECTION 1</u> Type of License | ce fee of \$25 will be charged for all | SECTION | <mark>1 2 Type of (</mark> .R. O.S. | Winership | |
| nterim Permit | | ☐indlvi ☐Partn | | CITY | CLERK |
| Person Transfer (serles 6, 7 | New License Partnership Person Transfer (series 6, 7 and 9) Corporation Location Transfer (series 6, 7 and 9) Limited Liability Co Probate/ Will Assignment/ Divorce Decree (No Fees) Club | | | | |
| SECTION 3 Type of Privilege | | es 9 and 10 only (Com | npiete Samp | ling Privilege | application) |
| | A.R.S.§4-206.01(G), (H), (I) & (L) Add Growler privileges (restaur A.R.S.§4-207(A) & (B) | ant, series 12, license o | nly. 300-foot | restriction app | plies) |
| | | | | | |
| 1.Type of License (Series of licen | se): <u>Series 6</u> | 2. LICE | NSE #_06080 | 0002 | |
| <u>SECTION 4</u> Applicants | | | NSE #_0608(| | |
| <u>SECTION 4</u> Applicants 1. Agent's Name: | Schritter Last | 2. LICE Timothy First | NSE # 06080 | Bla | ake |
| SECTION 4 Applicants 1. Agent's Name: 2. Individual/Owner Name: Tr (Ownership name for | Schritter Last io One LLC rtype of ownership checked in section 2) | Timothy First | NSE # <u>0608(</u> | Bla | |
| SECTION 4 Applicants 1. Agent's Name: 2. Individual/Owner Name: Tr (Ownership name for 3. Business Name (Doing Busin | Schritter Last io One LLC r type of ownership checked in saction 2) ess As-DBA): Black Bridge Bre | Timothy First | NSE # 06080 | Bla | |
| SECTION 4 Applicants 1. Agent's Name: 2. Individual/Owner Name: Tr (Ownership name for 3. Business Name (Doing Busin 4. Business Location Address: | Schritter Last io One LLC rtype of ownership checked in saction 2) ess As-DBA): Black Bridge Bre 91 London Bridge Road Ste, 102 | Timothy First wery - LHC Lake Havasu City | AZ | Bla M 86403 | Mohave |
| SECTION 4 Applicants 1. Agent's Name: 2. Individual/Owner Name: <u>Tr</u> (Ownership name for 3. Business Name (Doing Busin 4. Business Location Address: (Do not use PO Box) | Schritter Last io One LLC r type of ownership checked in saction 2) ess As-DBA): Black Bridge Bre | Timothy First | | Bla M | Aid die |
| SECTION 4 Applicants 1. Agent's Name: 2. Individual/Owner Name: Tr (Ownership name for 3. Business Name (Doing Busin 4. Business Location Address: (Do not use PO Box) 5. Mailing Address: (All correspondence will be mailed to thi | Schritter Last io One LLC r type of ownership checked in saction 2) ess As-DBA): Black Bridge Bre 91 London Bridge Road Ste, 0 street | Timothy First wery - LHC Lake Havasu City city Kingman city | AZ Slate AZ Slate | Bla M 86403 Zlp Code | Mohave |
| SECTION 4 Applicants 1. Agent's Name: 2. Individual/Owner Name: Tr (Ownership name for 3. Business Name (Doing Busin 4. Business Location Address: (Do not use PO Box) 5. Mailing Address: (All correspondence will be mailed to thion 6. Business Phone: | Schritter Last io One LLC r type of ownership checked in saction 2) ess As-DBA): Black Bridge Bre 91 London Bridge Road Ste, 0 street | Timothy First wery - LHC Lake Havasu City city Kingman | AZ Slate AZ Slate | Bla M 86403 Zlp Code 86401 | Mohave |
| SECTION 4 Applicants 1. Agent's Name: 2. Individual/Owner Name: Tr (Ownership name for 3. Business Name (Doing Busin 4. Business Location Address: (Do not use PO Box) 5. Mailing Address: (All correspondence will be mailed to thi | Schritter Last io One LLC r type of ownership checked in saction 2) ess As-DBA): Black Bridge Bre 91 London Bridge Road Ste, 0 street | Timothy First wery - LHC Lake Havasu City city Kingman city | AZ Slate AZ Slate | Bla M 86403 Zlp Code 86401 | Mohave |
| SECTION 4 Applicants 1. Agent's Name: 2. Individual/Owner Name: Tr (Ownership name for 3. Business Name (Doing Busin 4. Business Location Address: (Do not use PO Box) 5. Mailing Address: (All correspondence will be mailed to thio) 6. Business Phone: 928-279-94 7. Email Address: 8. Is the Business located within | Schritter Last io One LLC r type of ownership checked in saction 2) ess As-DBA): Black Bridge Bre 91 London Bridge Road Ste, 107 Street s address) Street 06. Dayt | Timothy First wery - LHC City City Kingman City ime Contact Phone: above city or town? | AZ State AZ State | Bla M 86403 Zlp Code 86401 Zip Code | Mohave |
| SECTION 4 Applicants 1. Agent's Name: 2. Individual/Owner Name: Tr (Ownership name for 3. Business Name (Doing Busin 4. Business Location Address: (Do not use PO Box) 5. Mailing Address: (All correspondence will be mailed to thio) 6. Business Phone: 928-279-94 7. Email Address: 8. Is the Business located within | Schritter Last io One LLC rtype of ownership checked in section 2) ess As-DBA): Black Bridge Bre 91 London Bridge Road Ste, 10 Street street 06. Dayt | Timothy First wery - LHC City City Kingman City ime Contact Phone: above city or town? | AZ State AZ State 7 ∑Y esN Dusin ess loc a | Bla M 86403 Zlp Code 86401 Zip Code D ted? | Mohave |

page 1 of 6 Individuals requiring ADA accommodations please call (602)542-2999

SECTION 5 Interim Permit

1/11/29-18

If you intend to operate business while the application is pending, you will need an interim permit pursuant to A.R.S.§4-203.01. For approval of an interim permit:

- There must be a valid license of the same series issued to the current location you are applying for, OR
- A Hotel/Motel license is being replaced with a restaurant license pursuant to A.R.S.§4-203.01(A)

| The second s | No Ale | and the second |
|--|--|--|
| 1.00% A.M. 1775 | 14 | NOTARY |
| (Print Full Mame) | Timothy Blake Schritte | hereby declare that I am the Agent, Current Owner |
| Controlling P | ten on the stated license and locatio | n. |
| Signature: | | _ State of AZ Sounty of Mchave |
| | 10000 | The foregoing instrument was acknowledged before me |
| My Commission | Expires on: 5-6-16 | Day of Masch 2017 |
| | JEANETTE NUTT | Day Month Year |
| | Notary Public - Arizona | () canote Mitt |
| | Mohave County My Comm. Expires May 8, 2018 | \$ignature of Notary |
| | | |
| SECTION 6 Backg | | |
| | TED MUSTSUBMITA QUESTIONNAIRE, I is an entity, and not an individinal, an | FIN GERPRINT CARD, AND \$22 PROCESSING FEE PER CARD. nswerquestions 1 a-b. |
| | × .0 | |
| | orporated/Organized: 2.18.201 | |
| | oration or AZ L.L.C. File No: L2258 | 5429 Date authorized to do business in A2: $2.1\%.201$ |

additional sheets as needed. Disclose all controlling persons and members, shareholders or general partners who own a beneficial interest of 10% or more of the applicant or licensee.

| Last | First | Middle | Title | %Owned | Malling Address | City | State | Zip |
|-----------|---------|--------|--------------|--------------------|-----------------|------|-------|-----|
| Wolsey | Ardell | LaMont | Member | 34 | | | | |
| Fass | Jeremy | Т | Member | 33 | | | | |
| Schritter | Timothy | Blake | Member | 33 | | | | |
| | | | (Attach add) | tional sheet If ne | cessary) | | | |

<u>SECTION 7</u> Probate, Receiver, Bankruptcy Trustee, Assignment, or Divorce Decree of an existing liquor license A.B.S.§4-204 <u>EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FIN</u> GERPRINT CARD, AND \$22 PROCESSING-FEE PER CARD.

| . Current Licensee's Name: Wick | land | John | R |
|---------------------------------------|------|-------|--------|
| Exactly as it appears on the license) | Last | Fist | Middle |
| License Number: 06080002 | Last | First | Middle |

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

page 2 of 6 Individuals requiring ADA accommodations please call (602)542-2999

SECTION 8 Government (for Citles, Towns or Counties only)

| 1. Government Entity: | | | | |
|---|--|---------------------------|------------------------------|--------------------------------------|
| 2. Person/Designee: Last | F | irst | Middle | Daytime Contact Phone # |
| <u>SECTION 9</u> Person to Person Transi (Bar and Liquor Stores only – Serie | | G) | | |
| | 3 00, 07, and 03/ | | | |
| 1. License #: 06080002 | | - | | |
| 2. Individual Owner/Agent Name | Wickland | John | i | R |
| | Last | First | 1 | Middle |
| 3. Ownership Name: A TO Z, | INC | | | |
| | (Exactly as it | appears on the license) | | |
| 4. Current Business Name: | E OUT TAVERI | N | | a that Parlaments and the |
| | (Exactly as it | appears on mencense) | INCMAN A7 | |
| 5. Business Location Address: 26 | | | State | County Zip |
| 6. Current Daytime Phone: 928 | | Primary Email Address | | Soundy Lip |
| 6. Current Dayume Phone: | digeneration in the second | Phillary Elitai Address. | | |
| 7. Does currentlicensee intend to | operate the business | while this application is | pending? 🔲 Ye | s 🗹 No |
| 8, 1, (Signature): | | authorize | the transfer of this | license to the applicant. |
| | | | | |
| | | | | |
| | | NOTARY | | |
| I (Print Full Name) John R. V | Vickland | hereby decla | re that I am the In | dividual Agent, Owner, |
| Or Controlling Person on the st | aled license and locat | 0 | | NO |
| Signature: _ | | State of Hrizon | | 71 Johawe owledged before me this |
| | 10-110-2020 | | | |
| My Commission Expires Diean | NA MCGUIRE | - Day | Day of <u>Teore</u> Month | ary <u>2018</u> Year |
| - (**) 2 MOH | AVE COUNTY | Maria | nn M) (| р*1 1. |
| | mission Expires ber 16, 2020 | Break | Signature of Not | Accum |
| | | | ang naturo or NO | |

<u>SECTION 10</u> Location Transfer- Current Licensee Information ARS§4-203(C), (D), (G) (Bar and Liquor Stores only – Series 06, 07, and 09)

1/11/2018

| 1.Current Business: | Name: Time Out Tavern |
|---------------------|---|
| | Address: 2601 Stockton Hill Rd. Kingman, AZ 86401 |
| | (exactly as it appears on license) |
| 2.New Business: | Name: Black Bridge Brewery LHC |
| | Address: 91 London Bridge Rd. Ste. 103 Lake Havasu City, AZ 86403 |
| | |

page 3 of 6 Individuals requiring ADA accommodations please call (602)542-2999

SECTION 11 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 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 IIcense (A.R.S.§4-205.01) Series 11 c) Microbre wery (A.R.S.§4-205.08) Series 03 d) Craft Distillery (A.R.S.§4-205.10) Series 18 | e) Governmentlicense (A.R.S.§4-205.03) Series 05 f) Playing area of a golf course (A.R.S.§4-207 (B)(5)) g) Wholesaler/Distributor Series 04 h) Farm Winery Series 13 l) Producer Series 01 |
|--|--|
| 1. Distance to nearest School: 1.40 Miles (If less than one (1) mile, note footage) | Name of School: New Day School Address: 2200 Sotol Ln. Lake Havasu City, AZ 86403 |
| 2. Distance to nearest Church: 1.20 Miles | Name of Church: Our Lady Of The Lake Roman Calholic Parish |
| (If Jess than one (1) mile, note lootage) | Address: 1975 Daytona Ave. Lake Havasu City, AZ 86403 |
| Tenant: a person who holds the lease of a property; a less Sub-tenant: a person who holds a lease which was given Owner Purchaser | |
| | ing's View Holdings, LLC |
| 2. If the premises is leased give lessors: Name: Ki Address: | Street City State Zip |
| 2. If the premises is leased give lessors: Name: Ki Address: 3. What is the penalty if the lease is not fulfilled? \$ | Street City State Zip or Other: Balance of the Lease |
| 2. If the premises is leased give lessors: Name: Ki Address: | Street City State Zip or Other: Balance of the Lease |
| 2. If the premises is leased give lessors: Name: Ki Address: 3. What is the penalty if the lease is not fulfilled? \$ | street City state Zip or Other: Balance of the Lease ase? \$ |
| 2. If the premises is leased give lessors: Name: Kinch Address: 3. What is the penalty if the lease is not fulfilled? \$ 4. Total money borrowed for the Business, not including le Please List Lenders/People you owe money to for business Last First Middle Amount Ow | street City state Zip or Other: Balance of the Lease ase? \$ |
| 2. If the premises is leased give lessors: Name: Kind Address: 3. What is the penalty if the lease is not fulfilled? \$ | street City state Zip or Other: Balance of the Lease ase? \$ |
| 2. If the premises is leased give lessors: Name: Kinch Address: 3. What is the penalty if the lease is not fulfilled? \$ 4. Total money borrowed for the Business, not including le Please List Lenders/People you owe money to for business Last First Middle Amount Ow | street City state Zip or Other: Balance of the Lease ase? \$ |
| 2. If the premises is leased give lessors: Name: Kinch Address: 3. What is the penalty if the lease is not fulfilled? \$ | street City State Zip or Other: Balance of the Lease ase? \$ s. ed Mailing Address City State Zip |
| 2. If the premises is leased give lessors: Name: Kinch Address: 3. What is the penalty if the lease is not fulfilled? \$ | street City state Zip or Other: Balance of the Lease ase? \$ |
| 2. If the premises is leased give lessors: Name: Ki Address: Address: 3. What is the penalty if the lease is not fulfilled? \$ | street City State Zip or Other: Balance of the Lease ase? \$ s. ed Mailing Address City State Zip al sheet if necessary) |
| 2. If the premises is leased give lessors: Name: Ki Address: Address: 3. What is the penalty if the lease is not fulfilled? \$ | Street City State Zip or Other: Balance of the Lease ase? \$ s. ed Mailing Address City State Zip al sheet If necessary) |

🗌 Yes 🗹 No

lf yes, attach explanation.

page 4 of 6 Individuals requiring ADA accommodations please call (602)542-2999

1/11/2018

SECTION 13 Diagram of Premises

Check ALL boxes that apply to your business:

- Walk-up or drive-through windows
- Patio: Contiguous

Patio: Non-Contiguous within 30 feet

1. Is your licensed premises now closed due to construction, renovation or redesign or rebuild?

Yes No If yes, what is your estimated completion date? 8/1/2018

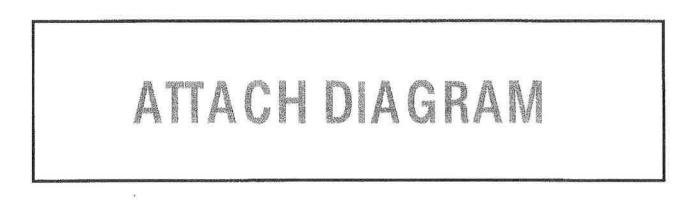
Sporis Bar/Tap house/cocktail lounge 2. What type of business will this license be used for? (be Specific)

3. Please attach a diagram of the premises which clearly shows only the areas where spirituous liquor will be sold, served, consumed, dispensed, possessed or stored. Include entrances, exits, interior walls, bar areas, dining areas, dance floor, stage, game room and kitchen.

DO NOT INCLUDE

Parking lots, living quarters or areas where business is not conducted under this liquor license. Please identify which orientation is North on the diagram.

4. 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.



IMPORTANT NOTE: As stated in A.R.S.§4-207.01 (B), it is the licensee's 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.

RESTAURANTS AND HOTELS/MOTELS ONLY

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

5a. 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)

5b. Provide a restaurant operation plan.

page 5 of 6 Individuals requiring ADA accommodations please call (602)542-2999

SECTION 14 SIGNATURE BLOCK

| | NOTARY |
|---|--|
| I (Print Full Name) Timothy Blake Schritter Or Controlling Person on the stated license and lo | hereby declare that I am the Individual Agent, Owner, cation, |
| Signature; | State of <u>AZ</u> County of <u>Mohave</u> The foregoing instrument was acknowledged before me this |
| My commission Expires on: $5-8-17$ | Day of March 2012 |
| JEANETTE NUTT Notary Public - Arizona Mohave County | Signature of Notary |
| | |

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.

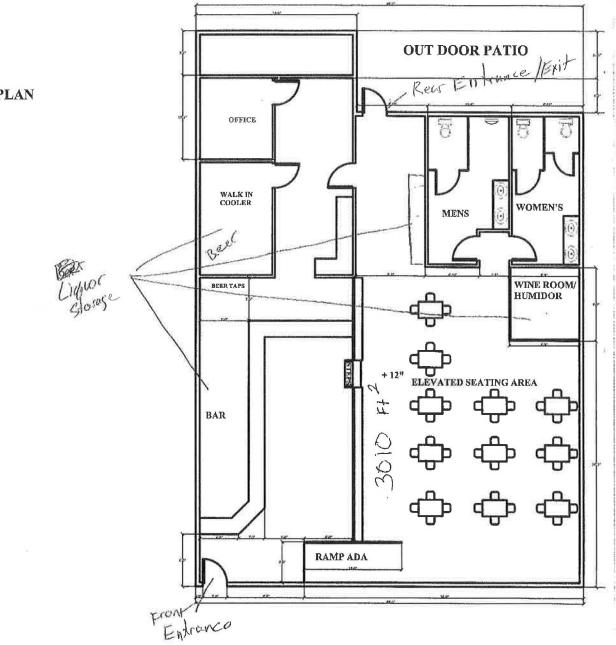
E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

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

#13516

TEMER 35 Lig, Lic, WITCH

2-



PROPOSED FLOOR PLAN

SCALE: 1/4" = 1'-0"

BILL OF SALE OF LIQUOR LICENSE

For and in consideration of **\$150,000.00** paid, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned **A TO Z, INC.**, a corporation organized and existing under the laws of the State of Arizona, with its principal office located at 2601 Stockton Hill Rd. Ste. G, Kingman, AZ 86401, referred to herein as *Seller*, does hereby sell unto **TRIO ONE LLC** of 4391 Box J Circle, Kingman, AZ 86401 referred to herein as *Buyer*, the following, hereby referred to as the "Property":

• Liquor License No. 06080002, Series 6 "Bar" license to be used in Mohave County, Arizona.

Seller is selling said Property in its as is and present condition and makes *no warranty* as to the condition of the Property and waives any implied warranty of fitness for a particular purpose or merchantability. By acceptance of this Bill of Sale, Buyer accepts Property in its as is and present condition and agrees that Seller has made no warranty as to the condition of the Property nor any implied warranty of fitness for a particular purpose or merchantability.

Seller warrants and represents that Seller has absolute and good title to and full right to dispose of the Property, and that there are no liens, claims, or encumbrances of any kind against the Property.

Executed as of the 9th day of February, 2018.

John R. Wickland, President A TO Z, INC.

·追附R 26 Live, Lic. MLLE 的

Accepted and Approved by:

Jeremy Vass Member

9/18

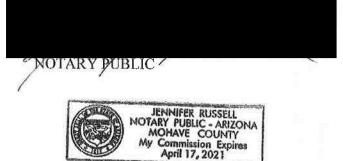
Notary Acknowledgment on Following Page

STATE OF ARIZONA)

County of Mohave)

) ss.

On this 9th day of February, 2018, before me personally appeared JOHN R. WICKLAND, 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.

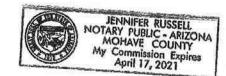


My Commission Expires:

STATE OF ARIZONA)) ss. County of Mohave)

On this 9th day of February, 2018, before me personally appeared JEREMY FASS, 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.

ARYAUBLIC



My Commission Expires: Applil 17, 2021

STATE OF ARIZONA DEPARTMENT OF LIQUOR LICENSES AND CONTROL ALCOHOLIC BEVERACE-LICENSE License 06080002

Issue Date: 3/13/2000

Expiration Date: 7/31/2018

ssued To: JOHN R WICKLAND, Agent A TO Z INC, Owner

ocation:

TIME OUT TAVERN 2601 STOCKTON HILL RD STE G KINGMAN, AZ 86401

IOHN R WICKLAND TO'Z INC ME OUT TAVERN 2801 STOCKTON HILL RD STE G KINGMAN, AZ 86401

Mailing Address: