



18 JUN 19 11:47 AM 402

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

DLIC USE ONLY	
License #	23708
Date Accepted:	6/20/18
CSR:	Jm

Application for Liquor License
Type or Print with Black Ink

1P: 23709

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 Type of License

- ☒ Interim Permit
☒ New License
☐ Person Transfer (series 6, 7 and 9)
☐ Location Transfer (series 6, 7 and 9)
☐ Probate/ Will Assignment/ Divorce Decree (No Fees)
☐ Seasonal

SECTION 2 Type of Ownership

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

- SECTION 3 Type of Privilege ☐ Add Sampling Privilege for Series 9 and 10 only (Complete Sampling Privilege application)
A.R.S. § 4-206.01(G), (H), (I) & (L)
☒ Add Growler privileges (restaurant, series 12, license only. 300-foot restriction applies)
A.R.S. § 4-207(A) & (B)

1. Type of License (Series of license): 12 2. LICENSE # 23708

SECTION 4 Applicants

1. Agent's Name: Guardalabene Anthony Edward
Last First Middle

2. Individual/Owner Name: Silverwings LLC
(Ownership name for type of ownership checked in Section 2)

3. Business Name (Doing Business As-DBA): Shotgun Tenny's Saloon
Five Lata Hawaii city

4. Business Location Address: 3557 Maricopa Ave, AZ 86406 Mohave
(Do not use PO Box) City State Zip+4 County

5. Mailing Address: [Redacted]
(All correspondence will be mailed to this address) Street City State Zip+4

6. Business Phone: 928 733-5335 Daytime Contact Phone: [Redacted]

7. Email Address: [Redacted]

8. Is the Business located within the incorporated limits of the above city or town? ☒ Yes ☐ No
If you checked no, in what City, Town, County or Tribal/Indian Community is this business located? _____

9. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ _____


Department Use Only				
Fees: \$100.00	\$100.00	\$50.00	\$44.00	\$ 294.00
Application	Interim Permit	Site Inspection	Finger Prints	Total of All Fees

SECTION 5 Interim Permit

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)

1. Enter license number currently at the location: 12083584
2. Is the license currently in use? ☐ Yes ☒ No If no, how long has it been out of use? 7 May 01, 18

NOTARY	
<p>I (Print Full Name) <u>ANTHONY EDWARD GUARDALABENE</u> hereby declare that I am the Agent, Current Owner, or Controlling Person on the stated license and location.</p> <p>Signature: <u>[Redacted]</u></p> <p>My Commission Expires on: <u>6-5-2021</u></p>	<p><i>See Attached Letter & Note</i></p> <p>State of <u>Arizona</u> County of <u>Mohave</u></p> <p>The foregoing instrument was acknowledged before me this <u>13th</u> Day of <u>June</u> <u>2018</u></p> <p style="text-align: center;"><u>Trisha L. Gagnon</u> Signature of Notary</p>
	

SECTION 6 Background Check

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD, AND \$22 PROCESSING FEE PER CARD.

1. If the applicant is an entity, and not an individual, answer questions 1a-b.

- a) Date Incorporated/Organized: 3/23/09 State where Incorporated/Organized: AZ
- b) AZ Corporation or AZ L.L.C. File No: 15144795 Date authorized to do business in AZ: 3/24/09

2. List any individual or entity that owns a beneficial interest of 10% or more and/or controls the applicant or licensee. If the applicant is owned by another entity, attach an organizational chart showing the ownership structure. Attach 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	Mailing Address	City	State	Zip
Guardalabene	Anthony	Edward	Member	50	[Redacted]			
Schaeffer	Kathryn	Ann	Member	50				

(Attach additional sheet if necessary)

SECTION 7 Probate, Receiver, Bankruptcy Trustee, Assignment, or Divorce Decree of an existing liquor license A.R.S. §4-204

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD, AND \$22 PROCESSING FEE PER CARD.

1. Current Licensee's Name: _____
(Exactly as it appears on the license) Last First Middle
2. Assignee's Name: _____
Last First Middle
3. 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)

1. Government Entity: _____
2. Person/Designee: _____
Last First Middle Daytime Contact Phone #

**SECTION 9 Person to Person Transfer ARS§4-203(C), (D), (G)
(Bar and Liquor Stores only – Series 06, 07, and 09)**

1. License #: _____
2. Individual Owner/Agent Name: _____
Last First Middle
3. Ownership Name: _____
(Exactly as it appears on the license)
4. Current Business Name: _____
(Exactly as it appears on the license)
5. Business Location Address: _____
Street City State County Zip
6. Current Daytime Phone: _____ Primary Email Address: _____
7. Does current licensee intend to operate the business while this application is pending? ☐ Yes ☐ No
8. I, (Signature): _____ authorize the transfer of this license to the applicant.

NOTARY

I (Print Full Name) _____ hereby declare that I am the Individual Agent, Owner,
Or Controlling Person on the stated license and location.

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

My Commission Expires on: _____ Date _____ Day of _____ Month _____ Year _____

Signature of Notary

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

1. Current Business: Name: _____
Address: _____
(exactly as it appears on license)
2. New Business: Name: _____
Address: _____

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 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) Restaurants that do not sell growlers (A.R.S. §4-205.02) Series 12
- b) Hotel/motel license (A.R.S. §4-205.01) Series 11
- c) Microbrewery (A.R.S. §4-205.08) Series 03
- d) Craft Distillery (A.R.S. §4-205.10) Series 18
- e) Government license (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
- i) Producer Series 01

1. Distance to nearest School: at least a mile Name of School: Calvary Baptist
(If less than one (1) mile, note footage) Address: _____

2. Distance to nearest Church: at least a mile Name of Church: Calvary Baptist
(If less than one (1) mile, note footage) Address: _____

SECTION 12 Business Financials A.R.S. §4-202(F)

1. I am the:

- ☒ Tenant: a person who holds the lease of a property; a lessee.
- ☐ Sub-tenant: a person who holds a lease which was given to another person (tenant) for all or part of a property.
- ☐ Owner
- ☐ Purchaser
- ☐ Management Company

2. If the premises is leased give lessors:

Name: William Haddad
Address: _____
Street City State Zip

3. What is the penalty if the lease is not fulfilled? \$ Security or Other: _____

4. Total money borrowed for the Business, not including lease? \$ 0

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

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
<u>/</u>							

(Attach additional sheet if necessary)

5. Has a license or a transfer license for the premises on this application been denied by the state within the past year?

☐ Yes ☒ No If yes, attach explanation.

6. Does any spirituous liquor manufacturer, wholesaler, or employee have an interest in your business?

☐ Yes ☒ No If yes, attach explanation.

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? 8/30/2018

2. What type of business will this license be used for? (be Specific) Restaurant/Bar

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.

ATTACH DIAGRAM

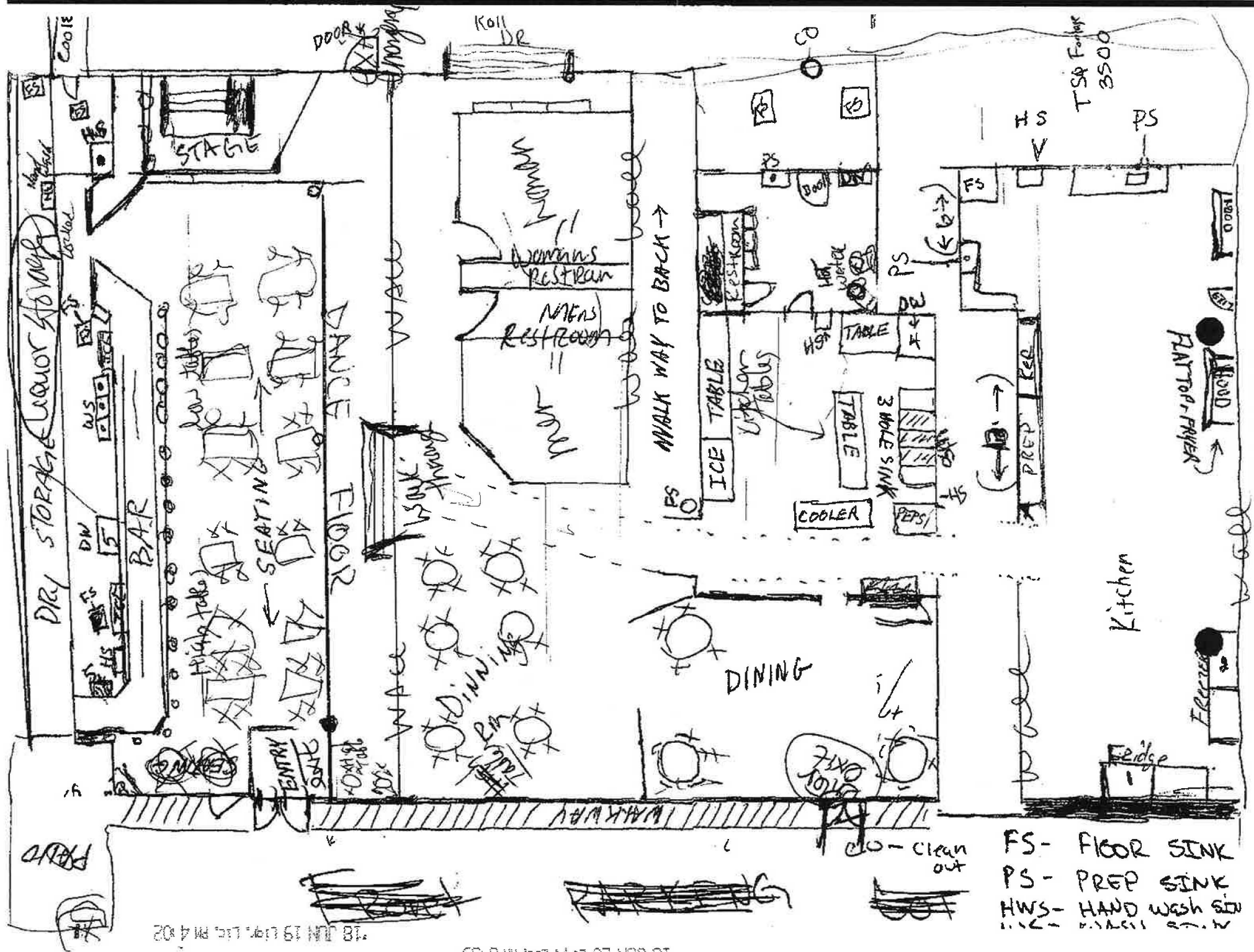
IMPORTANT NOTE: As stated in A.R.S. §4-207.01 (B), it is the licensee's responsibility to notify the Department of Liquor Licenses and Control when there are changes to the service areas or the square footage of the licensed premises, either by increase or decrease.

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)

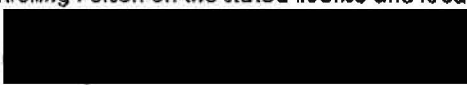

5b. Provide a restaurant operation plan.



ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

18 JUN 19 09:11: PM 4 02

SECTION 14 SIGNATURE BLOCK

NOTARY	
I (Print Full Name) <u>ANTHONY EDUARDO GUARDOLA BENE</u> hereby declare that I am the Individual Agent, Owner, Or Controlling Person on the stated license and location.	
Signature: 	State of <u>Arizona</u> County of <u>Mohave</u>
The foregoing instrument was acknowledged before me this	
My Commission Expires on: <u>6-5-2021</u>	<u>13th</u> Day of <u>June</u> <u>2018</u>
	<u>Trisha L. Gagnon</u> 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.



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*18 JUN 20 Lic. Lic. PM 8 139

*18 JUN 19 Lic. Lic. PM 4 02

RESTAURANT OPERATION PLAN

DLIC USE ONLY LICENSE # 23708

1. Name of restaurant (Please print): Shotgun Jenny's Saloon
2. List by Make, Model, and Capacity of your: (If you attached a legible copy of your equipment list, only provide the following items:)

Grill	DCS
Oven <u>Stove</u>	DCS 48x27 4 Burner Grill 23x23
Freezer	True # 1-4588630
Refrigerator	True # 6040097
Sink	Randall
Dish Washing Facilities	Ecolab # 0814240826 Bar Ecolab # 08K244145
Food Preparation Counter (Dimensions)	29x72 Prep table
Other	Salad Counter Randall # 200030102

3. Attach a copy of your full menu including prices (examples: Breakfast, Lunch, Dinner, and Nonalcoholic beverages).
4. List the seating capacity for:

a. Restaurant dining area of your premises:
(Do not include patio seating)

[105]

b. Bar area of your premises:

[+ 47]

c. Total dining and bar seating capacity of your premises:

[= 152]

5. What Type of dinnerware and utensils are utilized within your restaurant?
☐ Reusable ☐ Disposable ☒ Both

6. Does your restaurant have a bar area that is distinct and separate from the dining area? ☒ YES ☐ No
(If yes, what percentage of the public floor space does this area cover?) 15 %

7. What percentage of your public premises is used primarily for restaurant dining?
(Do not include kitchen, bar, hi-top tables, or game area.) 25 %

8. Does your restaurant contain any games, televisions, or any other entertainment? ☒ YES ☐ No
(If yes, specify what types and how many (examples: 4-TV's, 2-Pool Tables, 1-Video Game, etc.)

Big Screen TV
Juke Box & Tunes 1

9. Do you have live entertainment or dancing? ☒ YES ☐ No
(If yes, what type and how often (example: DJ-2 x a week, Karaoke-2 x a month, Live Band-1 x a month, etc.)

Live Band Weekends + 2 nights a week Single
Juke Box Singer

10. Use space below to list how many employees for each position to fully staff your business.

Position	How many
Cooks	3
Bartenders	4
Hostesses	0
Managers	2
Servers	3
Other (Cocktail)	4
Other (Bouncer)	2
Other (dish wash/Buyer)	2

I, Anthony Edward Guardalacchia hereby declare that I am the APPLICANT filing this application.
(Print full name)

I have read this application and the contents and all statements true, correct and complete.

X [Redacted Signature]
(Signature of APPLICANT)

<p align="center">NOTARY</p> <p>State of <u>Arizona</u> County of <u>MoHAVE</u></p>		<p align="center">OFFICIAL SEAL</p> <p align="center">TRISHA L. GAGNON Notary Public - State of Arizona MOHAVE COUNTY My Comm. Expires June 5, 2021</p>
<p>The foregoing instrument was acknowledged before me this <u>13</u> day of <u>June</u> <u>2016</u></p> <p align="center">Day Month Year</p>		
<p>My Commission Expires on: <u>6.5.2021</u></p> <p align="center">Date</p>		<p align="center"><u>Trisha L. Gagnon</u> Signature of Notary Public</p>

08 JUN 20 10:01 AM '17

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES
AND CONTROL
ALCOHOLIC BEVERAGE LICENSE

License 12083584

Issue Date: 10/26/2017

Expiration Date: 7/31/2018

Issued To:
MICHAEL MCKEAN THORNTON, Owner

Location:
HOOCH'S HAVASU GRILLE
3557 MARICOPA AVE
LAKE HAVASU CITY, AZ 86406

Mailing Address:
MICHAEL MCKEAN THORNTON
HOOCH'S HAVASU GRILLE
2215 E BUTLER AVE
KINGMAN, AZ 86409



EXP 7/31/2018

POST THIS LICENSE IN A CONSPICUOUS PLACE