| | - | • | <u>18 JL 11 Lige. Dept 201146</u> |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------|
| | • | | |
| | | | DLLC USE ONLY |
| TOUGH LICENCE | Arizona Department of Liquor Lic | enses and Control | 28081 |
| | 800 W Washington 5th | | Date Accepted: 8/15/18 |
| | Phoenix, AZ 85007- www.azliquor.go | | CSR: Or |
| ARIZONA | (602) 542-5141 | | |
| W | Application for Liquor Type or Print with Bla | | |
| | ON FEE AND INTERIM PERMIT FEES (IF AP e fee of \$25 will be charged for all dishor | | INDABLE IT |
| SECTION 1 Type of License | | <u>SECTION 2</u> Type J.T.W.R.O.S. Individual | 6852) E of Ownership |
| Person Transfer (series 6, 7 | V/W/2012/ | Corporation | |
| Location Transfer (series 6, | Divorce Decree (No Fees) | | |
| Seasonal | | Government | |
| | | Irust | |
| | | Other (Explai | in) |
| | Add Sampling Privilege for Series 9 ar A.R.S.§4-206.01(G), (H), (I) & (L) Add Growler privileges (restaurant, se A.R.S.§4-207(A) & (B) | | |
| 1.Type of License (Series of licen | se): SERIES 6 | 2. LICENSE #_0 | 6085001 / 28481 |
| SECTION 4 Applicants | | | |
| 1. Agent's Name: GUARDALABE | | | |
| 2. Individual/Owner Name: SIL (Ownership name for | Last VERWINGS, LLC type of ownership checked in section 2) | First | Middle |
| 3. Business Name (Doing Busine | ess As-DBA): SHOTGUN JENNY'S SA | LOON | · · · · · · · · · · · · · · · · · · · |
| 4. Business Location Address: | 3557 MARICOPA AVENUE LAKE HAV | ASU CITY ARIZONA 86 | 3406 - 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) 733-53 | 35 Daytime C | ontact Phone: | |
| 7. Email Address: | | | |
| | the incorporated limits of the abov ty, Town, County or Tribal/Indian Cor | | 75 |
| 9. Total Price paid for Series 6 Bar | , Series 7 Beer & Wine Bar or Series 9 L | iquor Store (license only |) \$ 135,000 |
| Fees: <u>Application</u> | Department Use O | nly | f s <u>200.00</u> 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: | |
|----------------------------------------------------|--|
|----------------------------------------------------|--|

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

| Δ | IOTARY |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I (Print Full Name) Anthony Edward Guardel Abcn Controlling Person on the stated license and location. Signature: My Commission Expires on: <u>/0.29.2021</u> Date | hereby declare that I am the Agent, Current Owner, or State of ALIZONA County of MonAVE The foregoing instrument was acknowledged before me this DTH Day of ULL 1018 Pay Month Signature of Notary |
| SECTION 6 Background Check EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINA 1. If the applicant is an entity, and not an individual, answ a) Date Incorporated/Organized: | |

| | 14 | | | | |
|-------|-------------------|-----------------|---------|-----------------------------------------|------------|
| b) ۸7 | Corporation or AZ | LLC File No. L1 | 5144795 | Date authorized to do business in AZ: | 03/26/2009 |
| DIAL | COLDOIGTON OF AL | | | Date autionized to do busilios in / int | |

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 |
|----------|--------------|-----------|--------------------|--------|-----------------|------|-------|-----|
| GUARDALA | BENE, ANTHO | NY EDWARD | MEMEBER | 50 | | | | |
| SCHAEFFE | R, KATHY ANN | | MEMBER | 50 | | | | |
| | | 2 2 2 | 10 072 52 14 1645. | | | | ••• | 1 |
| | | | | | | | | |

(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: _ | | | | | <u></u> |
|--------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------|----------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Person/Designee: | Last | First | Middle | Daytime Contac | t Phone # |
| | n Transfer ARS§4-203(C), (I | D), (G) | | | |
| (Bar and Liquor Stores only | • 0 0 00 | | | | |
| 1. License #: 0608500 | 1 | | | | |
| 2. Individual Owner/Agen | t Name: PENNINGT | ON, JERAD EDV | VIN | | |
| | Last | Firs | t | Middle | |
| 3. Ownership Name: ON | THE HOUSE LLC | | | | |
| | | as it appears on the license | e) | | |
| 4. Current Business Name: | PENNINGTON'S F | as it appears on the license | e) | | |
| 5 Business Location Addre | 29 SOUTH ACO | MA BOULEVARI | D LAKE HAVA | SU CITY AZ | 86403 |
| o. Business cocation Addit | Street | City | State | County | Zip |
| 6. Current Daytime Phone | | Primary Email Add | ress: <u>N/A</u> | | |
| 7. Does curre <mark>nt licensee in</mark> | ntend to operate the busin | | | res 🗹 No) | |
| 8. l, (Signature) | | autho | rize the transfer of t | his license to the at | oplicant. |
| anna anna na calainn anna an | | | | anna d'h feldig o'r feldig eff feldig gannaf Ablant Colour Chromol Ar ei g | She in the state of a state of a state of the state of |
| | | | | | ľ |
| | Ir. D | <u>NOTARY</u> | | | |
| I (Print Full Name), 1024(| LEdwin Kenning | hereby de | eclare that I am the | Individual Agent, C |)wner, |
| | | · A | | A ALLAND | |
| Signature: | | State of <u>ATK10</u> The foregoin | 20104 County (| nowledged before m | e this |
| My Commission Expires | ion: 10-29-202 | /0+ | n Day of UL | y 201 | X |
| | Date | bay | | | MILLION CONTRACT |
| | | 1 Color | The | C NILEY | NICHOL |
| | | 9 | Signature of N | lotary | AN PUBLICA |
| | | | ······································ | | Contrast 1 |
| | | | | | |
| SECTION 10 Location Trans (Bar and Liquor Stores only | sfer- Current Licensee Info y - Series 06, 07, and 09) | rmation ARS§4-203(C), | (D), (G) | MOH | |
| <u>SECTION 10</u> Location Tran (Bar and Liquor Stores only | y - Series 06, 07, and 09) | | (D), (G) | MOHA | XP 10-2 ANN |
| SECTION 10 Location Tran (Bar and Liquor Stores only 1.Current Business: | y - Series 06, 07, and 09) | rmation ARS§4-203(C), GTON'S PUB | (D), (G) | MOHENE | COUNTY AND |
| (Bar and Liquor Stores only | y - Series 06, 07, and 09) _{Name:} <u>PENNIN</u> | GTON'S PUB | | VASU CITY AZ 8 | 0UNTY 0UNTY 36403 |
| (Bar and Liquor Stores only | y - Series 06, 07, and 09) Name: PENNIN Address: 29 SOUT | | VARD LAKE HA | VASU CITY AZ 8 | 000NTY 1011 |

Address: 3557 MARICOPA AVENUE LAKE HAVASU CITY AZ 86406

Bill of Sale Michave County, Mizona #135,000.00 I Jeraid Pennington of On the House UC am selling my series 6 liquor license #0608500 to Anthony Guardalabene of Silverwings LLC of Lake Havasu City, Arizona. Buyer has inspected property and accepts condition of property as is. The terms of this bill of sale shall bind and inve to the benefit of the parties hereto and their respective heirs, legal representations, successors and assigns.

The Bill of Sale will take effect July 7th, 2018 by way of a cashiers check for \$135,000.00 and takes full transfer when finds clear.

| - | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------|
| SECT ON 11 Proximity to Church or Schoo Qu | restions to be com | p eted by 6, 7, 9, 1 | 0 and 12G app icar | ts. |
| A.R.S.§4 207. (A) and (B) state that no retain Icense application is received by the direct hundred (300) horizonta feet of a public or through (12), or within three hundred (300) h building. | or, within three hu private schoo bu | ndred (300) horizo I ding with kinderg | nta feet of a chur arten programs of | grades one (1) |
| The above paragraph DOES NOT app y to: a) Restaurants that do not se growers (A.R.S.§4 205.02) b) Hote / mote icense (A.R.S.§4 205.01) Series 11 c) Microbrewery (A.R.S.§4 205.08) Series 03 d) Craft Disti ery (A.R.S.§4 205.10) Series 18 | Series 12 | f) Payir g) Who h) Farm | ernment icense (A.R.S.§4 g area of a gof course esa er/Distributor Series (Winery Series 13 icer Series 01 | (A.R.S.§4 207 (B)(5)) |
| 1. Distance to nearest Schoo : 1 mile (f ess than one (1) mile, note footage) | | Name of Schoo : | C atvary Babtis Julloch Lake Havasu C | t School ity AZ 86406 |
| 2. Distance to nearest Church: 3 miles (f ess than one (1) mile, note footage) | | Name of Church: | Ca <u>t</u> vary Babtis etwater Lake Havasu | t Church |
| | <u></u> | | | |
| SECT ON 12 Business Financia s A.R.S.§4 202(F) |) | | | |
| am the: Tenant: a person who ho ds the ease of a pro Sub tenant: a person who ho ds a ease whice Owner Purchaser Management Company | h was given to ano | | for a or part of a pr | operty. |
| 2. f the premises is eased give essors: | _{Name:} Willam | Haddad | | |
| | Address: | reel | City State | |
| 3. What is the pena ty if the ease is not fu filled | | or Othe | | |
| 4. Tota money borrowed for the Business, not | | 0 | р. | |
| | | | | ğ |
| Pease List Lenders/Peope you owe money to Last First Middle | Amount Owed | Maiing Address | City State | Zip |
| | | inding i de soo | | |
| | | | | |
| | | | | |
| | | | | |
| | Attach additions sheet | (perestary) | | |
| 1 | (Attach additional sheet) | f necessary) | | |
| 5. Has a icense or a transfer l icense for the pr | | na n | ed by the state with | in the past year? |
| 5. Has a icense or a transfer l icense for the pr | | lication been deni | ed by the state with | in the past year? |
| 5. Has a icense or a transfer l icense for the pr | emises on this app attach explanatior | lication been deni 1. | | in the past year? |

444 4

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?

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.

ATTACH DIAGRAM

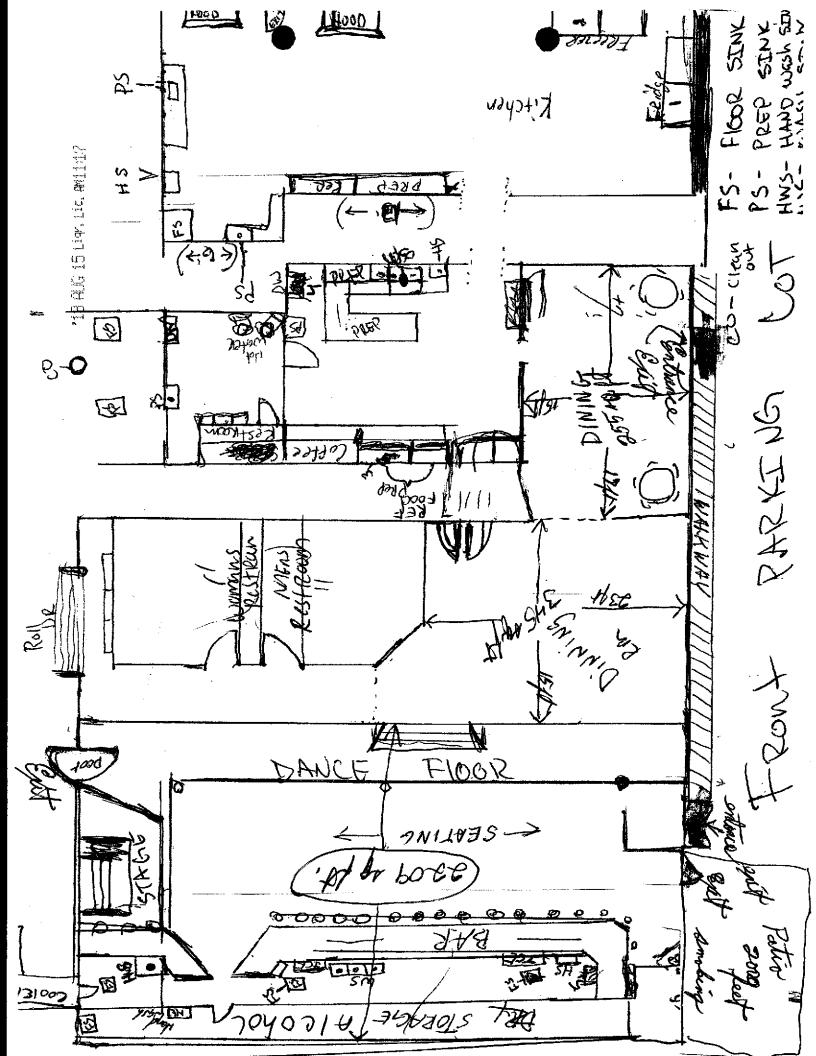
IMPORTANT NOTE: As stated in A.R.S.§4-207.01 (B), it is the licensee's responsibility to notify the Department of Liquor Licenses and Control when there are changes to the service areas or the square footage of the licensed premises, either by increase or decrease.

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.



| | NOTARY | |
|-----------------------------------------------------|-----------------------------------------|-------------------|
| i n i | | |
| Print Full Name) Annony Edward Guarda Labene | hereby declare that I am the Individual | Agent, Owner, |
| Or Controlling Person on the stated license and loc | ation. | 8. <u>2.4</u> . |
| | | |
| Signature | State of ARIZON County of Mana | WC |
| | The foregoing instrument was acknowledg | ed before me this |
| W HCHOLISio FEXPIRES ON: 10.29.2021 | 1/2th July | 1018 |
| My Comprission Expires on: 10-14-616 | - Day of ULU | _, <u> </u> |
| Date Date | | 100 |
| | 1 Usin Mul | |
| | Signature of Notary | |
| ONE NE | | |

A.K. A Physic Note that the 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.

STATE OF ARIZONA DEPARTMENT OF LIQUOR LICENSES AND CONTROL Alcoholic beverage license

License 06085001

Issue Date: 8/15/2018

Expiration Date: 7/31/2019

Issued To:

15 U.P. Lie, M1117

00 ***



