

Arizona Department of Liquor Licenses and Control
800 West Washington, 5th Floor
Phoenix, Arizona 85007
www.azliquor.gov
602-542-5141

APPLICATION FOR LIQUOR LICENSE
TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- MORE THAN ONE LICENSE
- INTERIM PERMIT *Complete Section 5*
- NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
- PERSON TRANSFER (Bars & Liquor Stores ONLY)
Complete Sections 2, 3, 4, 11, 13, 15, 16
- LOCATION TRANSFER (Bars and Liquor Stores ONLY)
Complete Sections 2, 3, 4, 12, 13, 15, 16
- PROBATE/WILL ASSIGNMENT/DIVORCE DECREE
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)
- GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

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*
- OTHER (Explain)

SECTION 3 Type of license and fees LICENSE #(s): 06130041

1. Type of License(s): SERIES 6 - BAR

2. Total fees attached:

Department Use Only
\$ 332.00

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.
The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

1. Owner/Agent's Name: Mr. ALTAMIRANO JESUS MANUEL
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: THE PRESCOTT CLUB, LLC B1054943
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: STONERIDGE GOLF COURSE B1027047
(Exactly as it appears on the exterior of premises)
4. Principal Street Location 1601 N BLUFF TOP DRIVE PRESCOTT VALLEY YAVAPAI 86314
(Do not use PO Box Number) City County Zip
5. Business Phone: 928-775-9140 Daytime Phone: 480-353-8035 Email: TJMORSE1208@Q.COM
6. Is the business located within the incorporated limits of the above city or town? YES NO
7. Mailing Address: 10611 N HAYDEN RD STE D105 SCOTTSDALE ARIZONA 85258
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type \$ Type \$

DEPARTMENT USE ONLY

Fees: Application 100.00 Interim Permit 100.00 Site Inspection 132 Finger Prints 332
TOTAL OF ALL FEES \$ 332

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? YES NO

Accepted by: [Signature] Date: 7/31/15 Lic. # 06130041

SECTION 5 Interim Permit:

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. 06130041
4. Is the license currently in use? YES NO If no, how long has it been out of use? _____

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

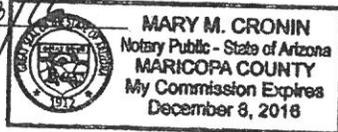
I, THOMAS JOHN LOWE JR, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER, MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

X [Signature]
(Signature)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

My commission expires on: 12/8/16



15th day of July, 2015
Day Month Year

Mary M. Cronin
(Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City State Zip

Partnership Name: (Only the first partner listed will appear on license) _____

General-Limited	Last	First	Middle	% Owned	Mailing Address	City State Zip
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						

) Y R A S S E C E N F I T

2. Is any person, other than the above, going to share in the profits/losses of the business? YES NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

- CORPORATION *Complete questions 1, 2, 3, 5, 6, 7, and 8.*
- L.L.C. *Complete 1, 2, 4, 5, 6, 7, and 8.*

1. Name of Corporation/L.L.C.: THE PRESCOTT CLUB, LLC
(Exactly as it appears on Articles of Incorporation or Articles of Organization)

2. Date Incorporated/Organized: 06/16/2015 State where Incorporated/Organized: ARIZONA

3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____

4. AZ L.L.C. File No: L20128506 Date authorized to do business in AZ: 6/19/2015

5. Is Corp./L.L.C. Non-profit? YES NO

6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City State Zip
TJ & KM HOLDINGS LP			MEMBER	10611 N HAYDEN RD STE D-105 SCOTTSDALE AZ 85260	

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City State Zip
TJ & KM HOLDINGS LP			100%	10611 N HAYDEN RD STE D-105 SCOTTSDALE AZ 85260	

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)

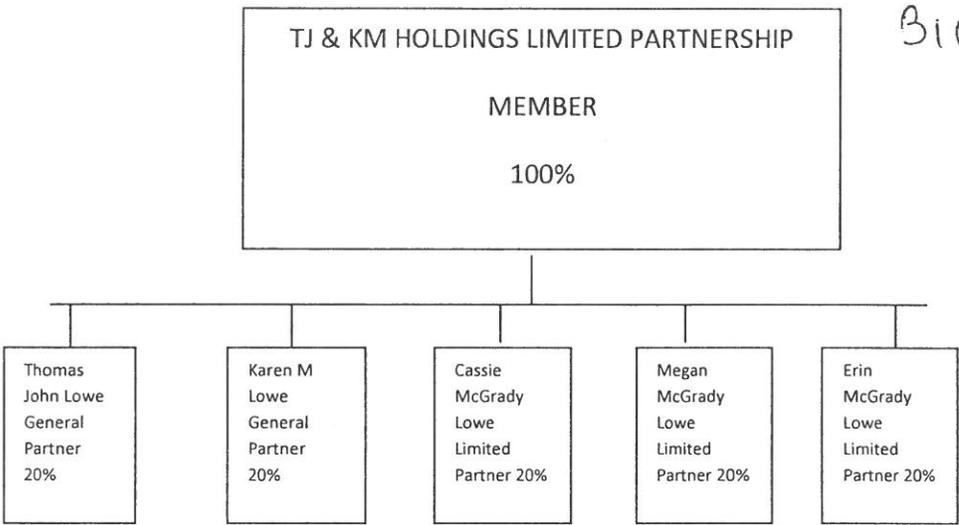
2. Is club non-profit? YES NO

3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City State Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

31054942



STATE OF ARIZONA

DEPARTMENT OF LIQUOR LICENSES
AND CONTROL
ALCOHOLIC BEVERAGE LICENSE

License 06130041

Issue Date: 2/22/2012

Expiration Date: 8/31/2015

Issued To:

THOMAS JOHN LOWE, JR., Agent
UNIVEST-STONERIDGE GOLF LLC, Owner

Bar

Mailing Address:

THOMAS JOHN LOWE, JR.
UNIVEST-STONERIDGE GOLF LLC
STONERIDGE GOLF COURSE
10611 N HAYDEN RD STE D-105
SCOTTSDALE, AZ 85260

Location:

STONERIDGE GOLF COURSE
1601 N BLUFF TOP DR
PRESCOTT VALLEY, AZ 86314



POST THIS LICENSE IN A CONSPICUOUS PLACE

EXP 8/31/2015

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:

1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: _____
Last First Middle
3. License Type: _____ License Number: _____ Date of Last Renewal: _____
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

SECTION 10 Government: (for cities, towns, or counties only)

1. Governmental Entity: _____
2. Person/designee: _____
Last First Middle Contact Phone Number

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

SECTION 11 Person to Person Transfer:

Questions to be completed by **CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).**

1. Current Licensee's Name: LOWE JR THOMAS JOHN Entity: AGENT
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: UNIVEST-STONERIDGE GOLF LLC
(Exactly as it appears on license)
3. Current Business Name: STONERIDGE GOLF COURSE
(Exactly as it appears on license)
4. Physical Street Location of Business: Street 1601 N BLUFF TOP DRIVE PRESCOTT VALLEY
City, State, Zip PRESCOTT VALLEY ARIZONA 86314
5. License Type: SERIES 6 License Number: 06130041
6. If more than one license to be transferred: License Type: _____ License Number: _____
7. Current Mailing Address: Street 10611 N HAYDEN RD STE D105
(Other than business) City, State, Zip SCOTTSDALE AZ 85258
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? YES NO
9. Does the applicant intend to operate the business while this application is pending? YES NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

10. I, THOMAS JOHN LOWE JR., 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.

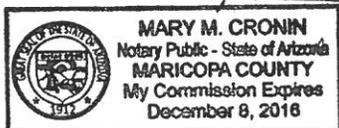
I, THOMAS JOHN LOWE, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

(Signature of CURRENT LICENSEE)

State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this 15th July 2015
Day Month Year

Mary M. Cronin
(Signature of NOTARY PUBLIC)

My commission expires on: December 8, 2016



BILL OF SALE

Be it known THE SELLER:

UNIVEST-STONERIDGE GOLF, LLC

Hereby grants, bargains, sells, and transfers unto the BUYER:

THE PRESCOTT CLUB, LLC

And his, her or their, personal representatives, or assigns, to have and to hold forever, the following described personal property, goods, or chattels:

That certain State of Arizona Series #6 Liquor License # 06130041

FURTHERMORE, SELLER warrants that he, she, or they are the lawful owner of said goods and hereby certifies, under oath, the he, she, or they have good right to sell the same as aforesaid, and that the above described property is free and clear of all claims, liens, and other encumbrances whatsoever except as listed in section I below. Seller agrees to warrant and defend same against the lawful claims and demands of all persons whomsoever.

SELLER:

Therefore, Seller agrees hereby grants, bargains, sells, and transfers unto the BUYER, The Prescott Club, LLC Arizona liquor license 06130041 on this 15th day of JULY, 2015.

SELLER:

UNIVEST-STONERIDGE GOLF, LLC

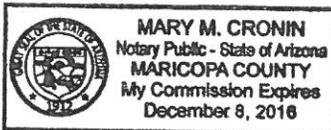
By: *Thomas John Lowe*
Thomas John Lowe

Its: Manager/Member

State of Arizona)
)ss
County of Maricopa)

On the 15th day of July, 2015, before me, the undersigned Notary Public, personally appeared Thomas John Lowe, Manager/Member of Univest-Stoneridge Golf, LLC and that he, being duly authorized to do so, executed the foregoing instrument for the sole purpose contained therein.

Mary M. Cronin
Notary Public
December 8, 2016
My Commission Expires



SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

- 1. Current Business: Name _____
(Exactly as it appears on license) Address _____
- 2. New Business: Name _____
(Physical Street Location) Address _____
- 3. License Type: _____ License Number: _____
- 4. If more than one license to be transferred: License Type: _____ License Number: _____
- 5. What date do you plan to move? _____ What date do you plan to open? _____

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

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)
- b) Hotel/motel license (§ 4-205.01)
- c) Government license (§ 4-205.03)
- d) Fenced playing area of a golf course (§ 4-207 (B)(5))

- 1. Distance to nearest school: 13,200 ft. Name of school LAKE VALLEY ELEMENTARY SCHOOL
Address 3900 N STARLIGHT ROAD PRESCOTT VALLEY AZ 86314
City, State, Zip _____
- 2. Distance to nearest church: 13,200 ft. Name of church FIRST UNITED PENTECOSTAL CHURCH
Address 2820 MOUNTAIN VIEW DRIVE PRESCOTT VALLEY, AZ 86314
City, State, Zip _____
- 3. I am the: Lessee Sublessee Owner Purchaser (of premises)
- 4. If the premises is leased give lessors: Name _____
Address _____
City, State, Zip _____
- 4a. Monthly rental/lease rate \$ _____ What is the remaining length of the lease yrs. mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ _____ or other _____
(give details - attach additional sheet if necessary)
- 5. What is the total **business** indebtedness for this license/location excluding the lease? \$ ZERO
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 6. What type of business will this license be used for (be specific)? RESTAURANT & GOLF COURSE

SECTION 13 - continued

- 7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
 YES NO If yes, attach explanation.
- 8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? YES NO
- 9. Is the premises currently licensed with a liquor license? YES NO If yes, give license number and licensee's name:

License # 06130041 (exactly as it appears on license) Name THOMAS JOHN LOWE JR

SECTION 14 Restaurant or hotel/motel license applicants:

- 1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? YES NO
 If yes, give the name of licensee, Agent or a company name:
 _____ and license #: _____
Last First Middle
- 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 LIC0114) provided by the Department of Liquor Licenses and Control.
- 4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this hotel/motel restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

 applicant's signature

As stated in A.R.S. § 4-205.02 (B), 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. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

TL
 applicants initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

- 1. Check ALL boxes that apply to your business:

<input checked="" type="checkbox"/> Entrances/Exits	<input checked="" type="checkbox"/> Liquor storage areas	Patio: <input checked="" type="checkbox"/> Contiguous
<input type="checkbox"/> Service windows	<input type="checkbox"/> Drive-in windows	<input type="checkbox"/> Non Contiguous
- 2. Is your licensed premises currently closed due to construction, renovation, or redesign? YES NO
 If yes, what is your estimated opening date? _____
month/day/year
- 3. 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. Diagram paper is provided on page 7.
- 4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
- 5. 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.

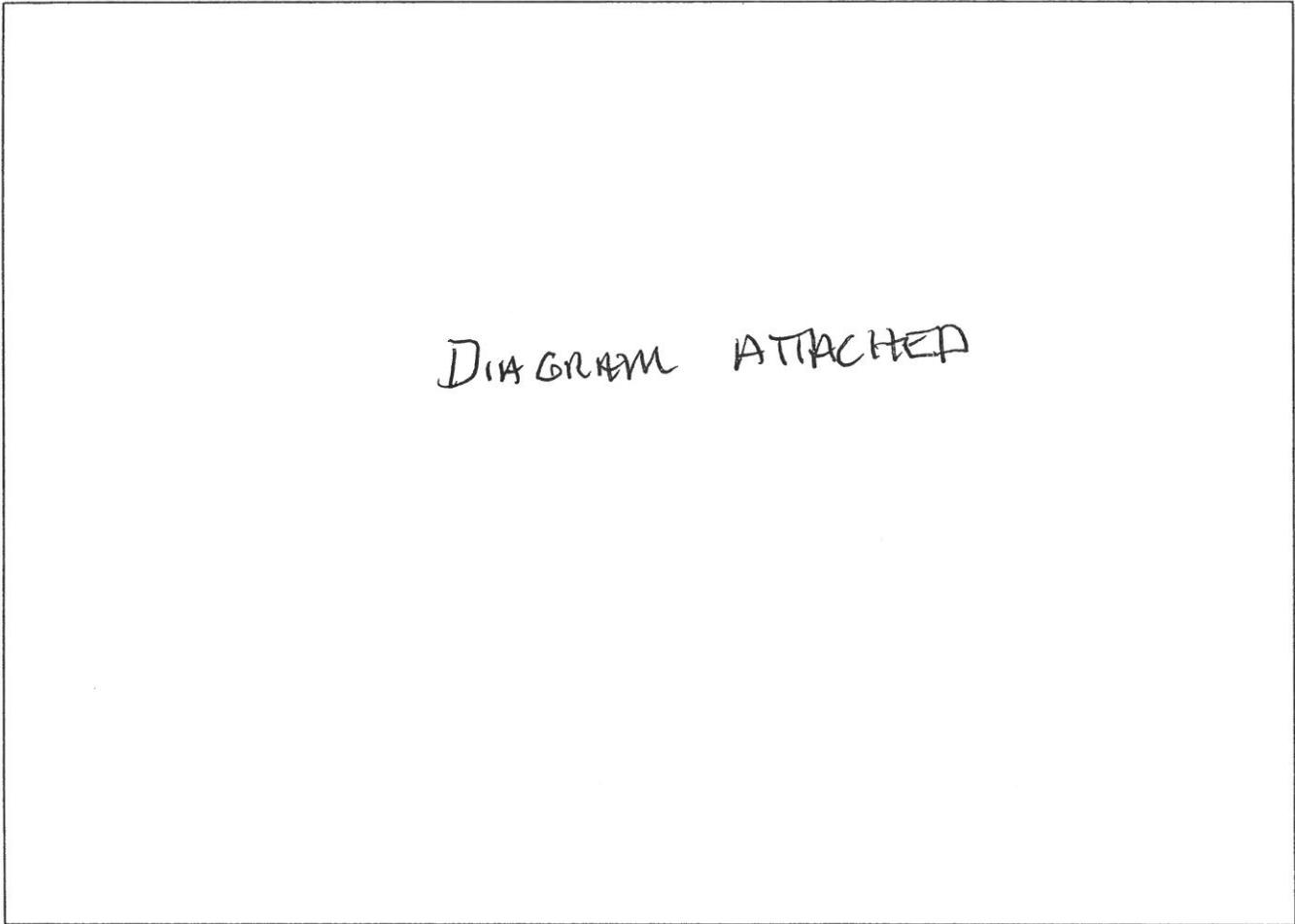
As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

TL
 applicants initials

SECTION 15 Diagram of Premises

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

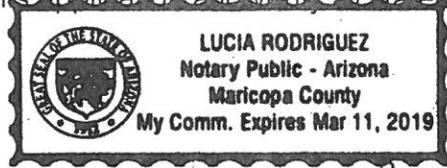
If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.



SECTION 16 Signature Block

I, JESUS MANUEL ALTAMIRANO, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X [Signature]
(signature of applicant listed in Section 4, Question 1)



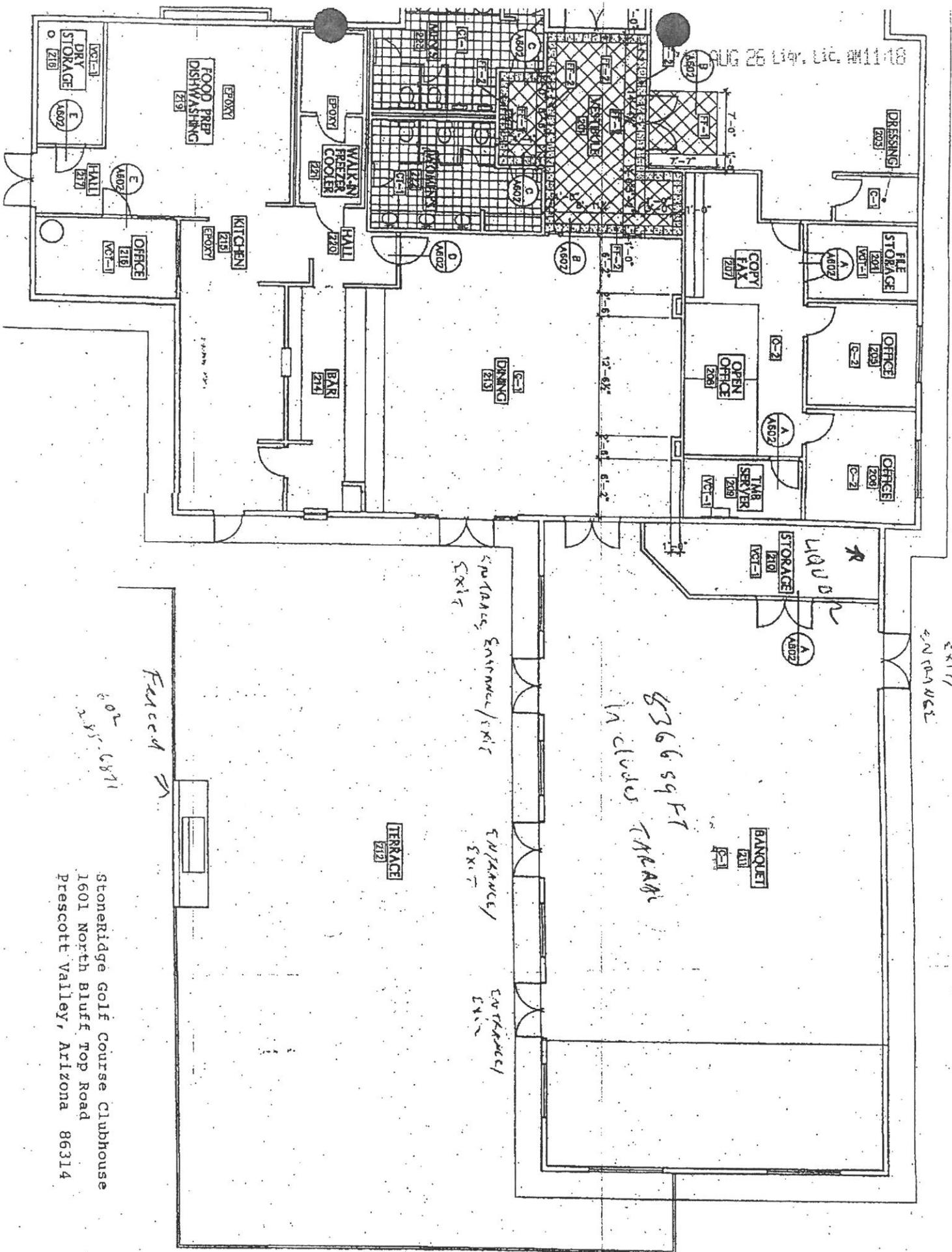
State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 27 of July, 2015
Day Month Year

My commission expires on : 11-03-2019
Day Month Year

[Signature]
signature of NOTARY PUBLIC

Aug 26 1974, U.C. #M1148



Stoneridge Golf Course Clubhouse
 1601 North Bluff Top Road
 Prescott Valley, Arizona 86314

15 MAY 21 Ltr. Lic. PM 3:11

May 21, 2015

Theresa J. Morse
530 E. McDowell Rd Ste 107-241
Phoenix, AZ 85004

Connie Wagner, Assistant Licensing Director
800 W. Washington Ste 500
Phoenix, AZ 85007

*Approved W. K. K. D
5/21/15*

Re: 06130041

Dear Mrs. Wagner,

I am writing on behalf of Mr. Lowe regarding Stoneridge Golf Course (06130041); an application which was submitted to Arizona Department of Liquor August 26, 2011. At time of application for the person to person transfer, Thomas Lowe included a diagram of the country club as well as the existing golf course to be included as the licensed premise.

On approximately May 12, 2015 I requested a copy of Mr. Lowe's application and discovered the golf course diagram was not imaged into Mr. Lowe's file. Upon searching the previous owners application I discovered the golf course was in fact included as part of the licensed premises.

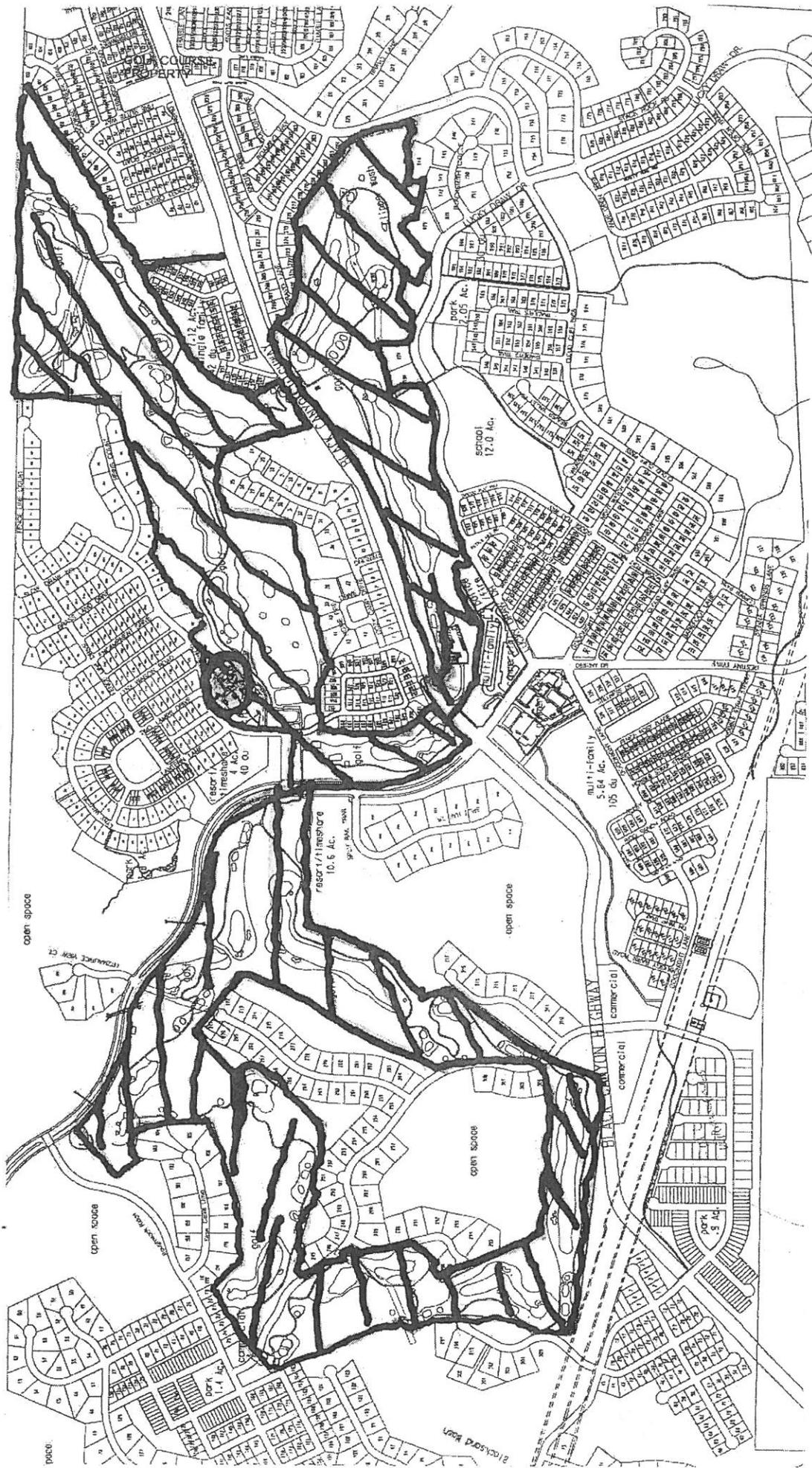
I have the diagram of the golf course that was submitted in 2011 and respectfully request that the application on file with Arizona Department of Liquor reflect the entire licensed premise to include the country club as well as the golf course as initially applied for. Should you have any additional questions regarding the circumstances please contact me directly at (480) 353-8035.

Respectfully,


Theresa J. Morse

On behalf of:

Thomas Lowe
dba: Stoneridge Golf Course
06130041



LEGEND: 111 GOLF COURSE ● = Country Club House