



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

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**Application for Liquor License**  
 Type or Print with Black Ink

**SECTION 1** This application is for a:

- Interim Permit (Complete Section 5)
- New License (Complete Sections 2, 3, 4, 13, 14, 15, 16)
- Person Transfer (Complete Section 2, 3, 4, 12, 13, 14, 16)
- Location Transfer (Bars and Liquor Stores Only)  
(Complete Section 2, 3, 4, 11, 13, 14, 16)
- Probate/ Will Assignment/ Divorce Decree  
(Complete Sections 2, 3, 4, 9, 13, 14, 16)  
(Fee not required)
- Government (Complete Sections 2, 3, 4, 10, 13, 16)
- Seasonal

**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)
- Tribe (Complete Section 6)
- Other (Explain) \_\_\_\_\_

**SECTION 3** Type of license

1. Type of License: 6

LICENSE # 06130021

**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 4** Applicants

1. Individual Owner/Agent's Name: Conover Jr. Harland Wilson  
Last First Middle
2. Owner Name: Harcon Enterprises LLC HWLC  
(Ownership name for type of ownership checked on section 2)
3. Business Name: Tony's Teo Bar and Grille  
(Exactly as it appears on the exterior of premises)
4. Business Location Address: 8172 E. Long Mesa Dr # B Prescott Valley, Arizona  
(Do not use PO Box) Street City State Zip Code County
5. Mailing Address: P.O. Box 25458 Prescott Valley, Arizona 86314  
(All correspondence will be mailed to this address) Street City State Zip Code
6. Business Phone: 928-759-0377 Daytime Contact Phone: 928-499-4023
7. Email Address: conovertony@yahoo.com
8. Is the Business located within the incorporated limits of the above city or town?  Yes  No
9. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation?  Yes  No  
 If Yes, what City, Town or Tribal Reservation is this Business located in: \_\_\_\_\_
10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store ( license only) \$ \_\_\_\_\_

Fees:	<u>100</u>	<u>100</u>	<u>22</u>	<u>222.00</u>
	Application	Interim Permit	Site Inspection	Finger Prints
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Total of All Fees</b>				
Accepted by: <u>JTB</u>	Date: <u>08-20-15</u>		License # <u>06130021</u>	

**SECTION 5 Interim Permit**

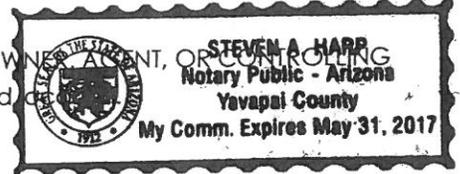
- If you intend to operate business when your application is pending you will need an interim permit pursuant to ARS § 4-203.01
- There **MUST** be a valid license of the same type you are applying for currently issued to the location or for the replacement of a Hotel/Motel license with a Restaurant license pursuant to A.R.S. § 4-203.01.

1. Enter license number currently at the location: 06130021  
 2. Is the license currently in use?  Yes  No If no, how long has it been out of use? \_\_\_\_\_

Attach a copy of the license currently issued at this location to this application.

I, Joel Douglas Blake declare that I am the CURRENT OWNER, STATEMENT, OR CONTROLLING PERSON on the stated license and

(Print Full Name)



X [Signature]  
 (Signature)

State Arizona County of Yavapai  
 The foregoing instrument was acknowledged before me this

\* See Bill of Sale Attach 20<sup>th</sup> day of August, 2015  
 Day Month Year

My Commission Expires on: 5/31/2017  
 Date

[Signature]  
 (Signature of Notary Public)

**SECTION 6 Individual, Partnership, J.T.W.R.O.S, Trust, Tribe Ownerships**

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

**Individual**

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code

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

Last	First	Middle	Mailing Address	City	State	Zip Code	Phone #

**Partnership**

Name of Partnership: \_\_\_\_\_

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

**J.T.W.R.O.S (Joint Tenant with Rights of Survivorship)**

Name of J.T.W.R.O.S: \_\_\_\_\_

Last	First	Middle	Mailing Address	City	State	Zip Code

**SECTION 6 - continued**

**TRUST**

Name of Trust: \_\_\_\_\_

Last	First	Middle	Mailing Address	City	State	Zip Code

**TRIBE**

Name of Tribal Ownership: \_\_\_\_\_

Last	First	Middle	Mailing Address	City	State	Zip Code

**SECTION 7 Corporations/ Limited Liability Co**

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

- Corporation Complete Questions 1, 2, 3, 4, 5, 6, and 7
- L.L.C. Complete Questions 1, 2, 3, 4, 5, 6, and 7

1. Name of Corporation/ L.L.C.: Harcen Enterprises LLC

2. Date Incorporated/Organized: 7-27-15 State where Incorporated/Organized: Arizona

3. AZ Corporation or AZ L.L.C File No: L20222060 Date authorized to do Business in AZ: 8-5-15

4. Is Corp/L.L.C. Non Profit?  Yes  No

5. List Directors, Officers, Members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City	State	Zip Code
CONOVER JR	HARLAND	WILSON	<del>OWNER</del> MEMBER	P.O. Box 25458	FRESCOTT VALLEY	ARIZONA	86314

(Attach additional sheet if necessary)

6. List all Stockholders / percentage owners who own 10% or more:

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
CONOVER JR	HARLAND	WILSON	100	P.O. Box 25458	FRESCOTT VALLEY	ARIZONA	86314

(Attach additional sheet if necessary)

7. If the corporation/ L.L.C are owned by another entity, attach an Organizational **FLOWCHART** showing the structure of the ownership. Attach additional sheets as needed in order to disclose the Officers, Directors, Members, Managers, Partners, Stockholders and percentage owners of those entities.



**SECTION 12 Person to Person Transfer**

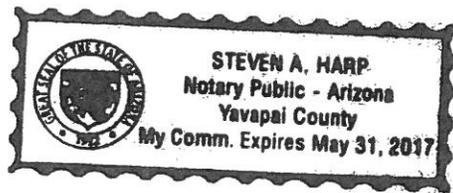
Questions to be completed by Current Licensee (Bar and Liquor Stores Only- Series, 06, 07, and 09)

1. Individual Owner / Agent Name: BLAKE JOEL DOUGLAS Entity: AGENT  
Last First Middle (Individual, Agent, Etc)
2. Ownership Name: ~~JOEL DOUGLAS BLAKE~~ BLAKE & BURK ENTERPRISES INC.  
(Exactly as it appears on license)
3. Business Name: OUTPOST SALOON  
(Exactly as it appears on license)
4. Business Location Address: 8172 E. LONG MESA DR #BP PRESCOTT VALLEY, AZ  
Street City State Zip
5. License Type: #6 License Number: 06130021 86314
6. Current Mailing Address: 5829 N. TALBOT DR PRESCOTT VALLEY, AZ  
Street City State Zip
7. Have all creditors, lien holders, interest holders, etc. been notified?  Yes  No
8. Does the applicant intend to operate the business while this application is pending?  Yes  No
- If yes, complete Section 5 (Interim Permit) of this application; attach fee, and current license to this application.

9. I, (Print Full Name) JOEL DOUGLAS BLAKE 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, (Print Full Name) JOEL DOUGLAS BLAKE, declare that I am the **CURRENT OWNER, MEMBER, PARTNER STOCKHOLDER or LICENSEE** of the stated license. I have read the above Section 12 and confirm that all statements are true, correct, and complete.

x Joel Douglas Blake  
(Signature of CURRENT Individual Owner/Agent)



**NOTARY**

State of Arizona County of Yavapai  
State County

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of August, 2015.  
Day Month Year

My commission expires on 3/5/2017 SAG. Y  
Day/ Month/Year Signature of NOTARY PUBLIC

**SECTION 13 Proximity to Church or School**

Questions to be completed by all in-state applicants **EXCLUDING** those applying for a **Series 5 Government, Series 11 Hotel/Motel, and Series 12 Restaurant licenses.**

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: \_\_\_\_\_ Name of School: \_\_\_\_\_  
 (if less than one (1) mile note footage) Address: \_\_\_\_\_

2. Distance to nearest Church: \_\_\_\_\_ Name of Church: \_\_\_\_\_  
 (if less than one (1) mile note footage) Address: \_\_\_\_\_

**SECTION 14 Business Financials**

1. I am the:  Lessee  Sub-lessee  Owner  Purchaser  Management Company

2. If the premise is leased give lessors:  
 Name: CLIFORD D. BRESS  
 Address: 7501 LAS PALMAS DR PRESCOTT VALLEY  
Street City State Zip  
ARIZONA 86312

3. Monthly Rent/ Lease Rate: \$ 1400  
 4. What is the remaining length of the lease? 8 yrs \_\_\_\_\_ months  
 5. What is the penalty if the lease is not fulfilled? \$ 0 or other: \_\_\_\_\_  
(Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ 70,000  
 Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
<u>CLIF</u>	<u>BRESS</u>	<u>CLIFORD</u>	<u>70,000</u>	<u>7501 LAS PALMAS DR.</u>	<u>PRESCOTT</u>	<u>ARIZONA</u>	<u>86312</u>

(Attach additional sheet if necessary)

7. What type of business will this license be used for (be specific)?  
BAR + FOOD

8. Has a license or a transfer license for the premises on this application been denied by the state with in the past (1) year?  Yes  No If yes, attach explanation.

9. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business?  Yes  No HWC

10. Is the premises currently license with a liquor license?  Yes  No

If yes, give license number and licensee's name:  
 License #: 06130021 Individual Owner /Agent Name: JOEL DOUGLAS BLAKE, AGENT  
(Exactly as it appears on license)  
BLAKE + BURK ENTERPRISES IN  
OWN

**SECTION 13 Proximity to Church or School**

Questions to be completed by all in-state applicants **EXCLUDING** those applying for a Series 5 Government, Series 11 Hotel/Motel, and Series 12 Restaurant licenses.

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:

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- 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: 17424 Name of School: Coyote Springs Elementary  
(if less than one (1) mile note footage)

Address: 8101 Arizona 89A Prescott Valley, AZ 86315

2. Distance to nearest Church: 6864 Name of Church: Mountain Valley Church of God  
(if less than one (1) mile note footage)

Address: 8123 E Manley Dr Prescott Valley, AZ 86315

**SECTION 14 Business Financials**

**AMENDMENT**

1. I am the:  Lessee  Sub-lessee  Owner  Purchaser  Management Company

2. If the premise is leased give lessors:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

# 06130021  
 Tony's Too Burg Grill

3. Monthly Rent/ Lease Rate: \$ \_\_\_\_\_

4. What is the remaining length of the lease? \_\_\_\_\_ yrs \_\_\_\_\_ months

5. What is the penalty if the lease is not fulfilled? \$ \_\_\_\_\_ or other: \_\_\_\_\_  
(Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ \_\_\_\_\_  
 Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

(Attach additional sheet if necessary)

7. What type of business will this license be used for (be specific)? \_\_\_\_\_

8. Has a license or a transfer license for the premises on this application been denied by the state with in the past (1) year?  Yes  No If yes, attach explanation.

9. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business?  Yes  No

10. Is the premises currently license with a liquor license?  Yes  No

If yes, give license number and licensee's name:  
 License #: \_\_\_\_\_ Individual Owner /Agent Name: \_\_\_\_\_  
(Exactly as it appears on license)

STATE OF ARIZONA

DEPARTMENT OF LIQUOR LICENSES  
AND CONTROL  
ALCOHOLIC BEVERAGE LICENSE

License 06130021

Issue Date: 11/21/2014

Expiration Date: 8/31/2015

Issued To:

JOEL DOUGLAS BLAKE, Agent  
BLAKE & BURK ENTERPRISES INC, Owner

Location:

OUTPOST SALOON  
8172 E LONG MESA DR #B  
PRESCOTT VALLEY, AZ 86314

Bar

Mailing Address:

JOEL DOUGLAS BLAKE  
BLAKE & BURK ENTERPRISES INC  
OUTPOST SALOON  
8172 E LONG MESA DR #B  
PRESCOTT VALLEY, AZ 86314



POST THIS LICENSE IN A CONSPICUOUS PLACE

EXPIRES 8/31/2015

06130021 083115

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# BILL OF SALE (Personal Property or Goods)

Date: July 31, 2015

For consideration of Ten Dollars, and other valuable consideration, I or we

SELLER(S): Blake & Burk Enterprises, Inc., An Arizona Corporation

BUYER(S): Harcon Enterprises, LLC, An Arizona Limited Liability Company

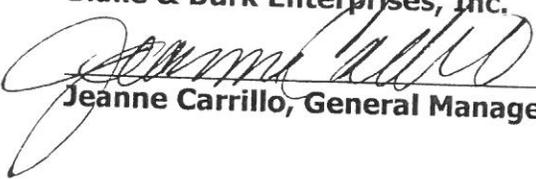
Address and Location of Property Sold:  
8162 E. Long Mesa, Prescott Valley, AZ 86314  
Assets of that business known as "Outpost Saloon"  
Property County: Yavapai

Property Sold (List Personal Property by Description, Serial Number and other Identifying Characteristics.)

Assets of that business known as "Outpost Saloon" including but not limited to all furniture, fixtures and equipment (including without limitation the equipment described in Exhibit "A" attached hereto and made a part hereof), inventory, tangible and intangible personal property and #6 Liquor License #06130021

For valuable consideration, receipt of which is acknowledged by Seller, Seller sells and conveys to Buyer the Property Sold, to have and to hold the Property Sold to Buyer and the heirs, executors, administrators and assigns of Buyer forever, and Seller and the heirs, executors, administrators and assigns of Seller warrant to defend the sale of Property Sold unto Buyer and the heirs, executors, administrators and assigns of Buyer, against all and every person whomsoever lawfully claiming or to claim the same.

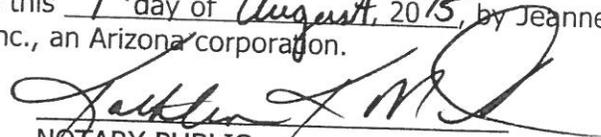
**Blake & Burk Enterprises, Inc.**

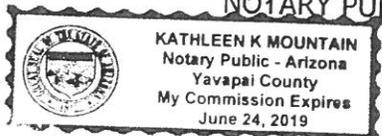
  
\_\_\_\_\_  
**Jeanne Carrillo, General Manager**

State of Arizona        }  
                                  } ss.  
County of Yavapai     }

The foregoing instrument was acknowledged before me this 7<sup>th</sup> day of August, 2015, by Jeanne Carrillo, General Manager of Blake & Burk Enterprises, Inc., an Arizona corporation.

My commission expires: 6-24-19

  
\_\_\_\_\_  
NOTARY PUBLIC



**SECTION 15 Restaurant or hotel/motel license applicants**

1. Is there an existing Restaurant or Hotel/Motel Liquor License at the proposed location?  Yes  No
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 provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02. (H)(2), a Restaurant is an establishment which derives at least forty (40) percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from sales of food and spirituous liquor on the licensed premises. By applying for this  Restaurant  Hotel/Motel, I certify that I understand that I must maintain a minimum of forty (40) percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit form with this application.

\_\_\_\_\_  
(Applicant's Signature)

5. 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.

\_\_\_\_\_  
(Applicant's Initials)

**SECTION 16 Diagram of Premises**

Check ALL boxes that apply to your business:

- |   |  |               |  |
|---|--|---------------|--|
| <input checked="" type="checkbox"/> Entrances/Exits | <input checked="" type="checkbox"/> Liquor storage areas | <b>Patio:</b> | <input checked="" type="checkbox"/> Contiguous |
| <input type="checkbox"/> Walk-up windows            | <input type="checkbox"/> Drive-through windows           |               | <input type="checkbox"/> Non Contiguous        |

1. Is your licensed premises currently closed due to construction, renovation or redesign?  Yes  No  
If yes, what is your estimated completion date? \_\_\_\_\_

Month/Day/Year

2. **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. Place for diagram is on section 16 number 6.
3. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored on the premises unless it is a restaurant (see # 3 above).
4. 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.

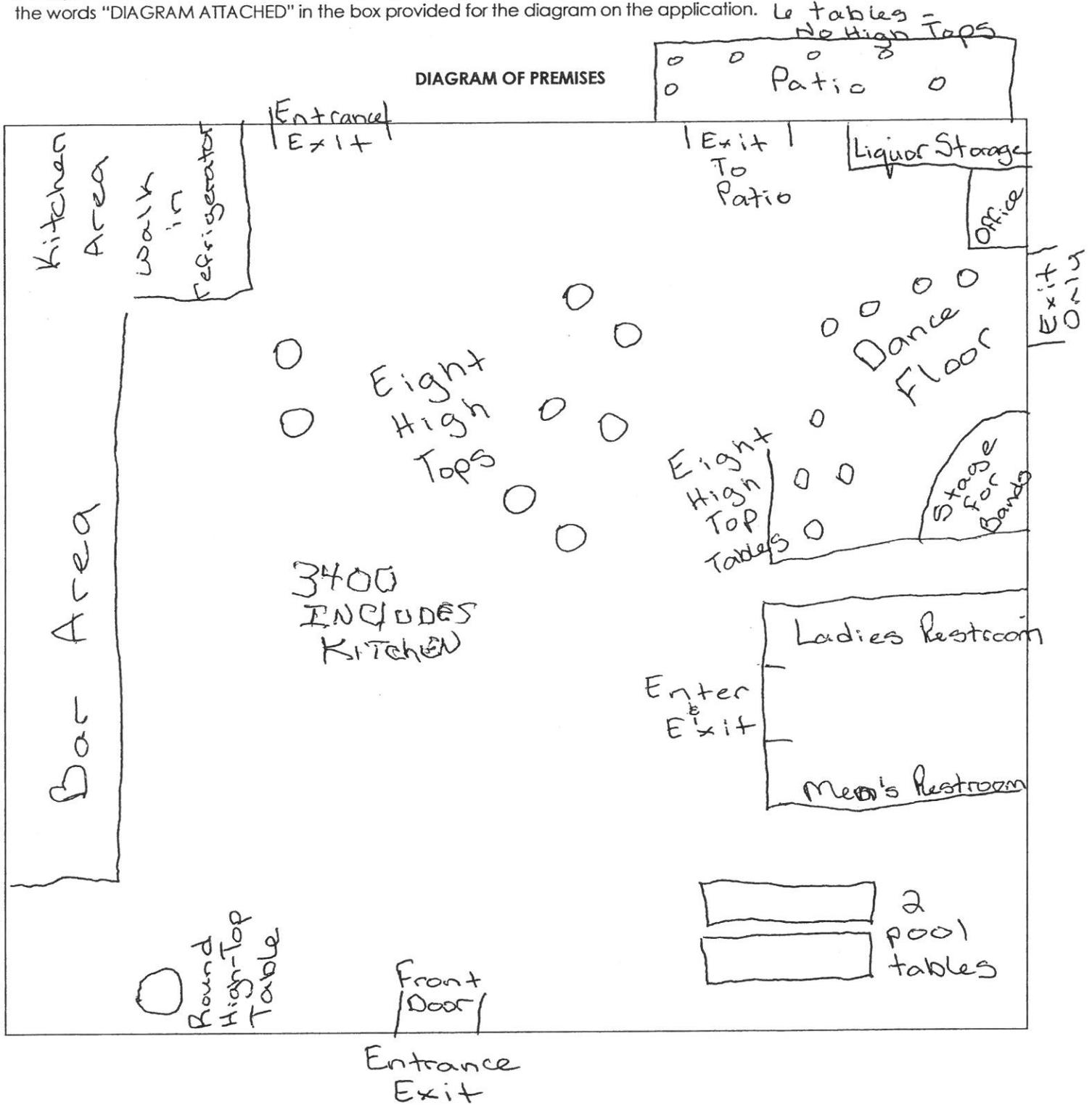
As stated in A.R.S. § 4-207.01 (B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to the boundaries, entrances, exits, added or deleted doors, windows, service windows or increase or decrease to the square footage after submitting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

H W G JR  
(Applicant's initials)

SECTION 16 Diagram of Premises - continued

6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. 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 the premises is attached to this application, please write the words "DIAGRAM ATTACHED" in the box provided for the diagram on the application.



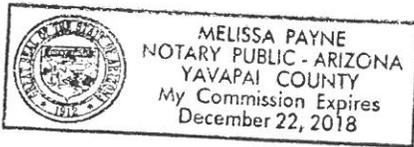
**SECTION 17 SIGNATURE BLOCK**

I, (Print Full Name) HARLAND WILSON CONOVER JR, hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1. I have read this application and verify all statements to be true, correct and complete.

X (Signature) [Handwritten Signature]

State of Arizona County of Yavapai

The foregoing instrument was acknowledged before me this 18<sup>th</sup> of August, 2015  
Day Month Year



[Handwritten Signature]  
Signature of NOTARY PUBLIC

My commission expires on: Dec 22 2018

**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.