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

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APPLICATION FOR AGENT CHANGE – ACQUISITION OF CONTROL – RESTRUCTURE

NOTE 1: The fee for an agent change MUST be submitted with this application: $100.00 for the first application and $50.00 for each additional application, not to exceed $1,000.00. (A.R.S. 4-209.H) NOTE 2: The $100.00 fee for restructure/acquisition of control MUST be submitted with this application. (A.R.S. 4-209.A)

SECTION 1

Check the appropriate boxes	☐ Agent Change Complete Sections 1,2,3,4,5 & 7	☑ Acquisition of Control Complete Sections 1,2, 3 & 7	☐ Restructure Complete Sections 1,2,3,6 & 7

SECTION 2 **(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)**

1. Name: WASOWICZ (EXISTING AGENT OR NEW AGENT) Last — JEFFREY First — DONALD Middle — 06130080 Liquor License #
2. Owner Name: J A FLATS INC (Exactly as it appears on Liquor License) Corp File #: 1978958-8 (If applicable)
3. Business Name: EVENTS CENTER (Exactly as it appears on Liquor License) Email: JWASOWICZ@FAINSIGNATUREGROUP.COM
4. Business Location Address: 3201 N MAIN ST (Do not use P.O. Box Number) PRESCOTT VALLEY City YAVAPAI COUNTY 86314 Zip
5. Is the Business located within the incorporated limits of the above City or Town? ☑ Yes ☐ No
6. 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: _____
7. Mailing Address: 3001 MAIN ST STE 2B PRESCOTT VALLEY City AZ State 86314 Zip
8. Business Phone: 928-772-8844 Daytime Contact Phone 928-772-8844
9. Does this transaction involve the sale of any portion of the percentage of ownership or corporate stock? ☑ Yes ☐ No If yes, submit a certified copy of minutes.
10. Has there been any change of Controlling Persons? ☑ Yes ☐ No If yes, submit a copy of the minutes, amended articles of organization and/or amended operating agreement showing change.

SECTION 3 **(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)**

Each new person listed in section III must submit a questionnaire (form LIC0101) and a Department approved fingerprint card which may be obtained at the Department of Liquor. A Controlling Person already disclosed to the Department is not required to submit a questionnaire.

1. List all Controlling Persons to be disclosed, current and new.

New	Last	First	Middle	Title	Address	City	State	Zip
☑	FAIN	SEAN	BRADLEE	DIRECTOR	3001 MAIN ST STE 2B	PRESCOTT VALLEY	AZ	86314
☐								
☐								
☐								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders, percentage owners and/or Controlling Members owning 10% or more

New	Last	First	Middle	% Owned	Address	City	State	Zip
☑	J A FLATS HOLDINGS, INC			100	3001 MAIN ST STE 2B	PRESCOTT VALLEY	AZ	86314
☐								
☐								
☐								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

If the ownership is owned by another entity, ATTACH AN OWNERSHIP FLOWCHART SHOWING THE OFFICERS, MEMBERS, CONTROLLING PERSON AND 10% OR MORE OWNERS FOR THE ENTITIES. Attach additional sheets as necessary in order to disclose all persons.

Individuals requiring ADA accommodations please call (602)542-9027

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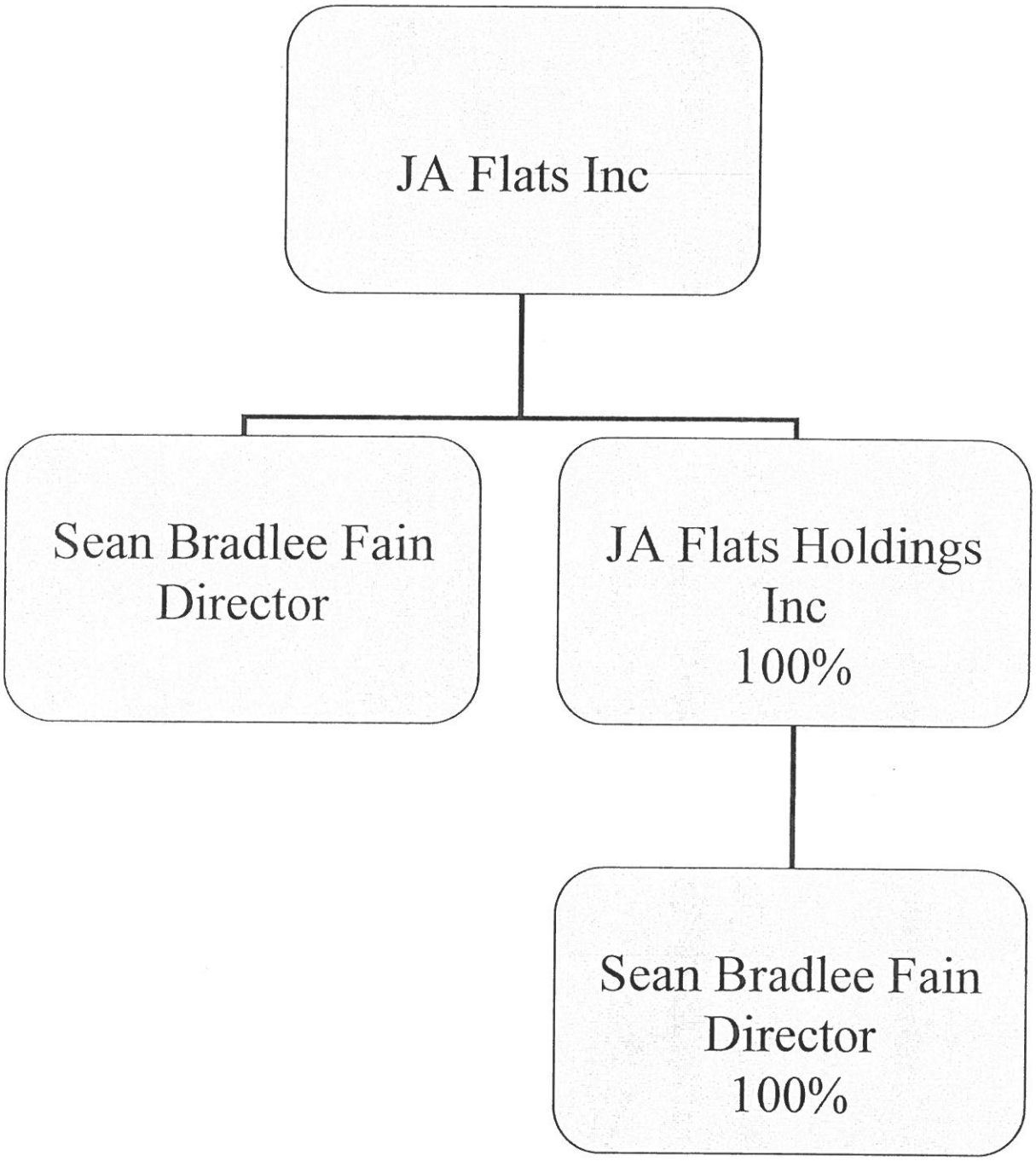

SECTION 4 **(COMPLETE THIS SECTION FOR AGENT CHANGE)**

1. As an Agent, will you be physically present and operating the licensed premise? ☐ Yes ☐ No
If you answered YES, you must provide a copy of your Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider BEFORE YOUR APPLICATION FOR AGENT ACQUISITION OF CONTROL OR RESTRUCTURE CAN BE SUBMITTED. If you answered NO, go to question 2.

2. Is there a current Manager at this license premises disclosed to the Department with the current Basic and Management Training Certificate? ☐ Yes ☐ No
If yes, Name of current Manager: _____
Last First Middle

Basic Training ☐ **Yes** ☐ **No** **Management Training** ☐ **Yes** ☐ **No**

If "NO" for 1 and 2, a Manager with a current Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider must be submitted before your application for Agent Change, Acquisition of Control or Restructure can be submitted.

SECTION 5 **(COMPLETE THIS SECTION FOR AGENT CHANGE)**
To be completed by the INDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:

1. License # _____

2. Current Agent Name: _____
(Exactly as it appears on license) Last First Middle

I, **(Print full name)** _____, hereby consent to the appointment of Agent for this license. I agree to immediately assign a new Agent in the event that I am unable to discharge the duties of Agent for this license. I have not been convicted of a felony in the last five (5) years.

X_____
(Controlling Person/Existing Agent)

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

_____ of _____, _____
Day Month Year

My commission expires on: _____

_____
Signature of NOTARY PUBLIC

SECTION 6 **(COMPLETE THIS SECTION FOR RESTRUCTURE)**
Is there more than one licensed premises involved? ☐ YES ☐ NO
If YES, **SEPARATE APPLICATIONS** must be filed and fees paid for each license/location.

Type of current ownership:

- ☐ J.T.W.R.O.S.
- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ CORPORATION
- ☐ LIMITED LIABILITY CO.
- ☐ MANAGEMENT CO.
- ☐ TRIBE
- ☐ TRUST
- ☐ OTHER **(Explain)** _____

Type of new ownership:

- ☐ J.T.W.R.O.S.
- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ CORPORATION
- ☐ LIMITED LIABILITY CO.
- ☐ MANAGEMENT CO.
- ☐ TRIBE
- ☐ TRUST
- ☐ OTHER **(Explain)** _____

SECTION 7 **(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)**
To be completed by Controlling Person or existing Agent (if no agent changes) OR NEW Agent if applying for Agent change as listed in Section 2 Question 1.

I, **(Print full name)** SEAN BRADLEE FAIN, hereby declare that I am the APPLICANT filing this application. I have read the application and the contents and all statements are true, correct and complete.

X_____
(Controlling Person/Existing Agent)

State of ARIZONA County of YAVAPAI
The foregoing instrument was acknowledged before me this

28th of AUGUST, 2015
Day Month Year

My commission expires on: JUNE 19, 2018

ARLENE M HUNLEY
NOTARY PUBLIC, ARIZONA
YAVAPAI COUNTY
My Commission Expires
June 19, 2018

_____
Signature of NOTARY PUBLIC

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