

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:

- 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 #: 12133459

1. Type of License: Series #12 Restaurant 2. Total fees attached: \$ Department Use Only

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. Stallone Michael P1053311 John
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: MSLF Enterprises LLC
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: Tailgaters Sports Grill & El Primo Pizza & Wings B1018226
(Exactly as it appears on the exterior of premises)
4. Principal Street Location: 7100 E Paw Way Prescott Valley Yavapai 86314
(Do not use PO Box Number) City County Zip
5. Business Phone: 928-775-0000 Daytime Contact: 602-405-9443
6. Is the business located within the incorporated limits of the above city or town? YES NO
7. Mailing Address: 7100 E Paw Way Prescott Valley, AZ 86314
City State Zip
8. Enter the amount paid for a bar, beer and wine, or liquor store license \$ (Price of License only)

DEPARTMENT USE ONLY

Fees: 100 Application 100 Interim Permit — Agent Change — Club 24- Finger Prints \$ 224-

TOTAL OF ALL FEES

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

Accepted by: [Signature] Date: 12-2-09 Lic. # 12133459

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. 12133346
4. Is the license currently in use? YES NO If no, how long has it been out of use? Exp Date 8/31/2009

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

I, _____, 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.

State of _____ County of _____

X _____
(Signature)

The foregoing instrument was acknowledged before me this

_____ day of _____
Day Month Year

My commission expires on: _____

SEE ATTACHED

(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 \$24 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"/>						

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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#



STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

Janice K. Brewer
GOVERNOR

Jerry A. Oliver Sr.
DIRECTOR

November 20, 2009

Mike Stallone/Larry Fussy
Tailgaters Sports Grill & Il Primo Pizza & Wings
5110 N Dysart Rd #124
Litchfield Park, AZ 85340

Re: Liquor License No. 12133346/Prescott Valley, AZ

Dear Sirs:

Thank you for your letter regarding reinstatement of the above referenced terminated liquor license.

After a review of the license file, your request is granted provided the renewal fee plus late penalty is paid and the application is submitted to the Department by December 30, 2009.

If you have any questions, please contact our licensing section at (602) 542-5141.

Sincerely,

Jerry A. Oliver, Sr.
Director

Connie Wagner
Assistant Director, Licensing

STATE OF ARIZONA

DEPARTMENT OF LIQUOR LICENSES
AND CONTROL
ALCOHOLIC BEVERAGE LICENSE

License 12133346

Issue Date: 1/22/2007

Expiration Date: 8/31/2009

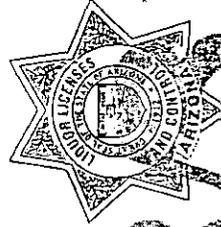
Issued To:
AMY S NATIONS, Agent
MOHAVE MARKETING INC, Owner

Restaurant

Mailing Address:

AMY S NATIONS
MOHAVE MARKETING INC
NATIVE NEW YORKER
P O BOX 2502
CHANDLER, AZ 85244

Location:
NATIVE NEW YORKER
7160 E PAV WAY
PRESCOTT VALLEY, AZ 86314



EXP 8/31/2009

POST THIS LICENSE IN AN ONSPICE@USBLACE

FERRIA GILVERSR
DIRECTOR

11-30-09

09 DEC 2 11:11 AM #1011

Kevlar Family Limited Partnership
4465 Fort Bridger
Prescott, Arizona 86305

To Whom it may concern,

I am the owner of the building located at 7160 E. Pav Way in Prescott Valley, Arizona. The new tenant in the building is Tailgaters restaurant, (Larry Fussy and Mike Stalone). The Native New Yorker is no longer located at this location. Please contact me if you have any further questions.

Respectfully,



Adam Feingold
Kevlar Family Limited Partnership

feingold@cableone.net
928-830-2066

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 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. 08 DEC 5 11:47 AM LIC. #10-12

1. Name of Corporation/L.L.C.: MSLF Enterprises LLC
 (Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 11-04-09 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: L15102903-6 Date authorized to do business in AZ: 11/04/2009
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
Stallone	Michael	John	Member	4405 W El Cortez Trail Pkx,	AZ 85083
Fussy	Larry	Frank	Member	17552 N 70th LN	Glendale, AZ 85308

(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
Stallone	Michael	John	50	4405 W El Cortez Trail Pkx,	AZ 85083
Fussy	Larry	Frank	50	17552 N 70th LN	Glendale, AZ 85308

(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 \$24 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)

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: _____ Entity: _____
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: _____
(Exactly as it appears on license)
3. Current Business Name: _____
(Exactly as it appears on license)
4. Physical Street Location of Business: Street _____
City, State, Zip _____
5. License Type: _____ License Number: _____
6. Current Mailing Address: Street _____
(Other than business) City, State, Zip _____
7. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? YES NO
8. 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.

9. I, _____, hereby authorize the department to process this application to transfer the
(print full name)
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, _____, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER
(print full name)
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

X _____
(Signature of CURRENT LICENSEE)

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

_____ day of _____
Day Month Year

My commission expires on: _____

(Signature of NOTARY PUBLIC)

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 # 12133346 (exactly as it appears on license) Name Amy's Nations Mohave Marketing INC
NATIVE New Yorker

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 Expired 8/31/09
 If yes, give the name of licensee, Agent or a company name:
Amy's Nations (Agent) and license #: 12133346
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.

applicant's initials

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

- 1. Check ALL boxes that apply to your business:
 Entrances/Exits Liquor storage areas Patio: Contiguous
 Service windows Drive-in windows 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 spirituous 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.

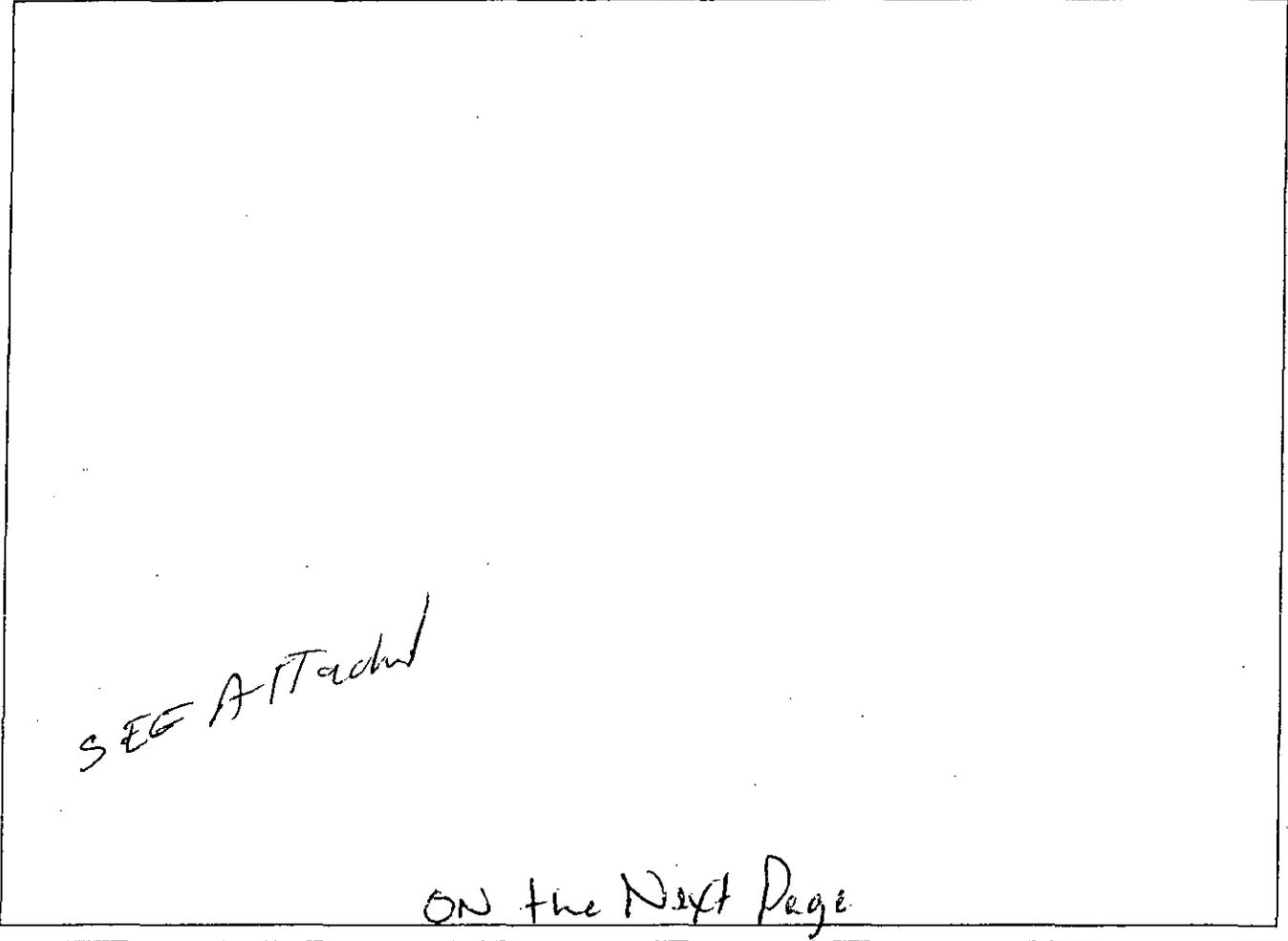
As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this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

applicant's 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, MICHAEL JOHN STALLONE, 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

16th of NOVEMBER 2009
Day Month Year

[Signature]
signature of NOTARY PUBLIC

My commission expires on: 02/28/2010
Day Month Year

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W. Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141



QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting on any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLIC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLIC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

Liquor License #

12133459

(If the location is currently licensed)

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

1. Check appropriate box →

<input checked="" type="checkbox"/> Controlling Person (Complete Questions 1-19)	<input checked="" type="checkbox"/> Agent (Complete All Questions <u>except</u> # 14, 14a & 21)	<input type="checkbox"/> Manager (Only) (Complete All Questions <u>except</u> # 14, 14a & 21)
Controlling Person or Agent must complete #21 for a Manager		Controlling Person or Agent must complete # 21

2. Name: Stallone Michael John Date of Birth: [REDACTED]

Last First Middle

3. Social Security Number: [REDACTED] Drivers License #: [REDACTED] State: AZ

(NOT a public record) (NOT a public record)

4. Place of Birth: Queens NY U.S.A Height: 5'9" Weight: 170 Eyes: BR Hair: BR

City State Country (not county)

5. Marital Status Single Married Divorced Widowed Daytime Contact Phone: [REDACTED]

6. Name of Current or Most Recent Spouse: Stallone Sabrina Lynn Date of Birth: [REDACTED]

(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? Arizona If Arizona, date of residency: Nov 1978

8. Telephone number to contact you during business hours for any questions regarding this document. 602 405 9443

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Talwaters Sports Grill & Italian Pizza Premises Phone: 928 775 0000

11. Physical Location of Licensed Premises Address: 7160 E. PAVIA Prescott Valley Yavapai AZ 86314

Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
Oct 98	CURRENT	RESTAURANT	IL PRIMO PIZZA & WINGS - 17045 N 59th AVE #103 Glendale AZ 85308

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	Residential Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
May 07	CURRENT	OWN	4405 W EL COCKER TRAIL PHX AZ 85083	PHX	AZ	85083
Jan 02	Jan 04	OWN	6829 W Angelen Dr	Glendale	AZ	85308

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? YES NO
If you answered YES, how many hrs/day? 8 1/2 and answer #14a below. If NO, skip to #15. YES NO
14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license.

15. Have you been convicted, fined, ordered to deposit bail, imprisoned, placed on probation or parole, had to post bond or had sentence suspended for any violation of ANY law or ordinance within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? YES NO
D. U. I. Nov 2001

16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? YES NO

17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? YES NO

18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? YES NO

19. ~~Are you NOW or have you~~ EVER held ownership, been a controlling person, been an officer, member, director or manager of any other liquor license in this or any other state? YES NO

If any answer to Questions 15 through 19 is "YES" YOU MUST ~~provide details~~.
Give complete details including dates, agencies involved, and dispositions.
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

Mary Stallone, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X [Signature]
(Signature of Applicant)
"OFFICIAL SEAL" of ARIZONA County of MARICOPA
Mary C. Mireles
Notary Public-Arizona
Maricopa County
My Commission Expires 2/28/2010
The foregoing instrument was acknowledged before me this 16th day of NOVEMBER, 2009
Month Year

My commission expires on: 02/28/2010
Day Month Year
[Signature]
(Signature of NOTARY PUBLIC)

COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.
The manager named must be at least 21 years of age.

State of ARIZONA County of MARICOPA
The foregoing instrument was acknowledged before me this 16th day of NOVEMBER, 2009
Month Year

X [Signature]
Signature of Controlling Person or Agent (circle one)
Michael Stallone
Print Name

My commission expires on: 02/28/2010
Day Month Year

[Signature]
(Signature of NOTARY PUBLIC)
"OFFICIAL SEAL" of ARIZONA
Mary C. Mireles
Notary Public-Arizona
Maricopa County
My Commission Expires 2/28/2010

15. WAS ALLOTTED FOR ~~99 D.C.U. E. LIC. #1012~~ BACK IN NOV. 2001

19 BEER & WINE LICENCE 07070363

BEER & WINE LICENCE 07070126

REST LICENCE #12 12077904

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

64193

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141



400 W Congress #150
Tucson AZ 85701-1352
(520) 628-6595

CERTIFICATION OF COMPLETED ALCOHOL TRAINING PROGRAM(S)

OBTAIN ORIGINALS OF THIS FORM FROM D.L.C. DO NOT PHOTOCOPY. DOCUMENT IS COMPUTER SCANNED. TYPE OR PRINT WITH BLACK INK.

ALCOHOL TRAINING PROGRAM INDIVIDUAL INFORMATION

MICHAEL John Stallone
Individual Name (Print)

[Signature]
Individual Signature

TYPE OF TRAINING COMPLETED
TRAINER MUST CHECK YES OR NO FOR EACH TYPE

010908
Date Training Completed

- | | |
|--|--|
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO BASIC | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ON SALE |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MANAGEMENT | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO OFF SALE |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO BOTH | <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER |

IF TRAINEE IS EMPLOYED BY A LICENSEE:

El Primo Pizza & Wings

NAME OF THE LICENSEE

BUSINESS NAME

LIQUOR LICENSE NUMBER

ALCOHOL TRAINING PROGRAM PROVIDER INFORMATION

Arizona Business Council for Alcohol Education (ABC)

Company or Individual Name

77 East Columbus Ave. #102

Address

Phoenix,
City

Arizona

85012

(602) 285-1396

State

Zip

Phone

I Certify the above named individual has successfully completed the specified program(s).

[Signature]
Trainer Signature

T. J. Kuhn

Trainer Name (Print)

010908

Date

Trainers give original of completed form to trainee, photocopy and maintain completed document for your records.

Mandatory Liquor Law Training for all new applications submitted after Nov. 1, 1987. A.R.S. Section 4-112(G)(2).
Completion of the Liquor License Training Courses is required at the issuance of a license.

The person(s) required to attend both the Basic Liquor Law and Management Training, (either on-sale or off-sale), will include all of the following: owners, license agent or manager(s) WHO ARE ACTIVELY INVOLVED IN THE DAY TO DAY OPERATION OF THE BUSINESS.

Proof of attendance within the last five years for the required courses must be submitted to the Department before the license application is considered complete.

Before acceptance of a Manager's Questionnaire and/or Agent Change for an existing license, proof of attendance for the Basic Liquor Law and Management Training (either on-sale or off-sale) will be required.

UC 1021 102000

Disabled individuals requiring special accommodations please call (602) 542-9091



09 DEC 2 11 47 Lic. #10112

ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS

Professional License and Commercial License
Department of Liquor Licenses and Control

Liquor License #: 12133346

Ownership Name: MSLF Enterprises
(as listed on the current liquor license application or renewal application)

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

SECTION I: APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) Michael Stallone DATE 11-16-09

TYPE OF APPLICATION (check one) INITIAL APPLICATION RENEWAL

TYPE OF LICENSE _____

SECTION II: CITIZENSHIP OR NATIONAL STATUS DECLARATION

Directions: Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: Birth certificate

A. Are you a citizen or national of the United States? (check one) Yes No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.
City Quincy State (or equivalent) AZ Country or Territory U.S.A

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

SECTION III - ALIEN STATUS DECLARATION

Directions: To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. Name of document provided:

“Qualified Alien” Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- 8. An alien who is, or whose child or child’s parent is a “battered alien” or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C. § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

- 14. A person not described in categories 1–13 who is otherwise lawfully present in the United States. PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

SECTION IV - DECLARATION

All applicants must complete this section. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.



APPLICANT'S SIGNATURE

09 DEC 2 11/08/07
TODAY'S DATE

Attachment: Lists A and B Evidence of U.S. Citizenship, U.S National Status, or Alien Status,

DLLC 1/15/09

AG 11/08/07 - 81662

Attachment to Form 1 Applicant Statement

EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS

LIST A: U.S. CITIZEN OR U.S. NATIONAL

Note: In this List, the term "Service" refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR § 104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-561, Certificate of Citizenship;
- (6) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (7) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (8) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- (9) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that

THE CITY OF NEW YORK
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL RECORDS
CERTIFICATION OF BIRTH

This is a certification of name and birth facts on file in the Bureau of Vital Records, Department of Health, City of New York.

DATE OF BIRTH: [REDACTED]

CERTIFICATE NO. 156-74-406036

BOROUGH QUEENS

DATE FILED 04-22-74

DATE ISSUED 07-27-82

NAME MICHAEL JOHN STALLONE ***

SEX MALE

MOTHER'S MAIDEN NAME JOYCE N. FIRRIOLO

FATHER JOHN P. STALLONE

Gene A. Stanton
 CITY REGISTRAR



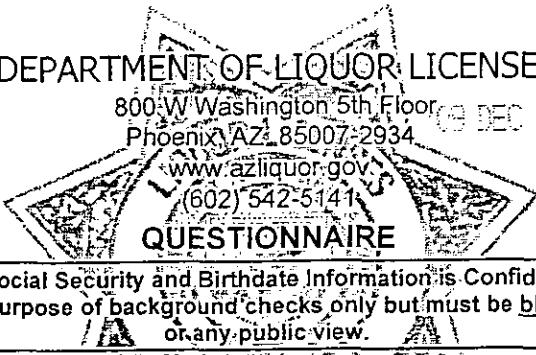
The reproduction or alteration of this certification is prohibited by section 3.21 of the New York City Health Code.

1012

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

DEC 2 10 10 AM '07



QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLIC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLIC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

Liquor License #

12133459

(If the location is currently licensed)

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

1. Check appropriate box →

<input checked="" type="checkbox"/> Controlling Person (Complete Questions 1-19) Controlling Person or Agent must complete #21 for a Manager	<input type="checkbox"/> Agent (Complete All Questions <u>except</u> # 14, 14a & 21) Controlling Person or Agent must complete # 21	<input type="checkbox"/> Manager (Only)
--	---	---

2. Name: Fuss Larry Frank Date of Birth: _____
Last First Middle (NOT a Public Record)

3. Social Security Number: _____ Drivers License #: _____ State: AZ
(NOT a public record) (NOT a public record)

4. Place of Birth: Little Falls MN USA Height: 5'11" Weight: 185 Eyes: BI Hair: BR
City State Country (not county)

5. Marital Status: Single Married Divorced Widowed Daytime Contact Phone: _____

6. Name of Current or Most Recent Spouse: _____ Date of Birth: 1/1
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? Arizona If Arizona, date of residency: July 1997

8. Telephone number to contact you during business hours for any questions regarding this document. 602 315 8827

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Tailgaters sports grill 37 P. Madison Premises Phone: 928-775-0000

11. Physical Location of Licensed Premises Address: 760 E PAW Way Prescott Valley AZ 86314
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
2004	CURRENT	SEIF Employed	Tailgaters Sport 3 Grill 6070 W Bell Rd
4-21-86	2-28-04	U.P. Auto zone	4226 W Cactus Rd Phoenix AZ 85029

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	Residential Street Address	City	State	Zip
7/3/97	CURRENT	own	17552 N 70th Ln	Glendale	AZ	85308

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, how many hrs/day? 4-5, and answer #14a below. If NO, skip to #15. YES NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. YES NO
15. Have you been convicted, fined, ordered to deposit bail, imprisoned, placed on probation or parole, had to post bond or had sentence suspended for any violation of ANY law or ordinance within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? YES NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? YES NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? YES NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? YES NO
19. ~~Are you NOW or have you~~ EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? YES NO

06670020112077266

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement. Give complete details including dates, agencies involved, and dispositions.
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, LARRY FRANK FOSSEY, hereby declare that I am the APPLICANT/REPRESENTATIVE filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

(print full name of Applicant)

X _____
(Signature of Applicant)

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

My commission expires on: _____
Day Month Year

(Signature of NOTARY PUBLIC)

COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license. The manager named must be at least 21 years of age.

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

X _____
Signature of Controlling Person or Agent (circle one)

Print Name

(Signature of NOTARY PUBLIC)

My commission expires on: _____
Day Month Year

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? YES NO
 If you answered YES, how many hrs/day? 46, and answer #14a below. If NO, skip to #15.
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
 If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. YES NO
15. Have you been convicted, fined, ordered to deposit bail, imprisoned, placed on probation or parole, had to post bond or had sentence suspended for any violation of ANY law or ordinance within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? YES NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? YES NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? YES NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? YES NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? YES NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement. Give complete details including dates, agencies involved, and dispositions.
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, Larry Frank Fussy hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
 filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X [Signature] (Signature of Applicant)

"OFFICIAL SEAL"
 Mary C. Mireles State of ARIZONA County of MARICOPA
 Notary Public-Arizona
 Maricopa County
 My Commission Expires 2/28/2010

The foregoing instrument was acknowledged before me this 17th day of NOVEMBER, 2009
Month Year

My commission expires on: 02/28/2010
Day Month Year

[Signature] (Signature of NOTARY PUBLIC)

COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license. The manager named must be at least 21 years of age.

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____
Month Year

X _____
 Signature of Controlling Person or Agent (circle one)

 (Signature of NOTARY PUBLIC)

 Print Name

My commission expires on: _____
Day Month Year

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W. Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License

(If the location is currently licensed)

1. Check appropriate box → Controlling Person (Complete Questions 1-19) Agent Manager (Only) (Complete All Questions except # 14, 14a & 21)
 Controlling Person or Agent must complete #21 for a Manager. Controlling Person or Agent must complete # 21

2. Name: KUSH Last Larry First Frank Middle Date of Birth: (NOT a Public Record)

3. Social Security Number: (NOT a public record) Drivers License # (NOT a public record) State: AZ

4. Place of Birth: Littletown MD City USA State USA Country (not county) Height: 5'11" Weight: 185 Eyes: B Hair: BR

5. Marital Status Single Married Divorced Widowed Daytime Contact Phone: 602 315 8829

6. Name of Current or Most Recent Spouse: _____ Date of Birth: _____ (List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? Arizona If Arizona, date of residency: July 1997

8. Telephone number to contact you during business hours for any questions regarding this document. 602 315 8829

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Wholesale Supplier of Liquor Products Premises Phone: 928-775-0000

11. Physical Location of Licensed Premises Address: 7100 E Red Way Street Address (Do not use PO Box #) Scottsdale City AZ State 86034 Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
2004	CURRENT	SELF EMPLOYED	Tax/after Sports Bar (Full) 6070 W Bell Rd Phoenix AZ 85026
4-1-01	1-20-04	V.P. Auto Zone	4226 W Cactus Rd Phoenix, AZ 85029

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↑

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	Residential Street Address	City	State	Zip
7/9/01	CURRENT	OWN	17552 N 70th LN	Glendale	AZ	85306

Charged with DUI in 1985 in Little Falls, MN. All Requirements met.

Charged with DUI in 1990 in Phoenix, AZ. All Requirements met.

Charged with DUI in 1998 in Atlanta, GA. All Charges dropped.

Charged with DUI in 2009 in Sturgis, SD. All Requirements met.

* I don't have any paperwork on any of the above *



Cor. Lic. #1012

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

JANET A. NAPOLITANO
GOVERNOR

LEESA BERENS MORRISON
DIRECTOR

April 25, 2006

Larry F. Fussy, Agent
Fooseman Enterprises, LLC
Tailgaters Sports Bar and Grill
6070 W. Bell Road, #107
Glendale, AZ 85308

Re: License #06070020

Licensee:

The Department has received Report No. 06-01958 from the Department's Investigation Division alleging the following violation(s):

<u>Date of Violation</u>	<u>Statute</u>	<u>Description</u>
April 7, 2006	4-244.16	Allowing underage to be given/possess alcohol on premises
April 7, 2006	4-244.22	Underage on premises w/o parent (on-sale)

1) You may sign the attached agreement and pay the **reduced** penalty assessed for the Department's mail-in program. Return the signed agreement and your check or money order to the Department of Liquor Licenses and Control, 800 W. Washington, Phoenix, AZ 85007 by the due date given on the bottom of the second page.

OR

2) You may also choose to discuss this violation with the agency's Compliance Division. If you choose this option, you must call to schedule an informal meeting to discuss a settlement agreement regarding the alleged violation(s). **You must call within 15 days to set this appointment. Please call 602-542-9043.**

OR

3) If you fail to remit payment on or before the due date of the fine, a complaint will be filed against you and a hearing date will be set before an Administrative Law Judge through the Office of Administrative Hearings.

Richard Gilchrist
Chief Compliance Officer

800 WEST WASHINGTON FIFTH FLOOR PHOENIX, ARIZONA 85007 (602) 542-5141 FAX (602) 542-5707
Web Site: azliquor.gov



Liq. Lic. 991012

THOMAS A. OLIVER SR
DIRECTOR

BEFORE THE ARIZONA
DEPARTMENT OF LIQUOR LICENSES
AND CONTROL

PHONE: 602-542-5141
FAX: 602-542-5707

In the matter of Bar
Spirituous Liquor License No. ~~UNRECORDED~~
Issued to:

)
)
) COMPLIANCE CASE NO. 0399-08C

Larry F. Fussy, Agent
Foosman Enterprises LLC
Fullerton Sports Bar & Grill
6070 West Bell Road #107
Glendale, Arizona 85308

)
)
) COMPLAINT, CONSENT AGREEMENT
AND ORDER

COMPLAINT

Based on the following police report(s) #08-03969 received from the Investigations Division of the Department of Liquor Licenses and Control, (hereinafter the "Department"), the Director of the Department of Liquor Licenses and Control (hereinafter the "Director") alleges:

COUNT 1: On or about June 6, 2008 at approximately 8:30 p.m., Malinda Brauer, an employee of the licensee, allowed or permitted an obviously intoxicated person, Suzane Rice, to remain on or about the licensed premises after a state of obvious intoxication was known or should have been known to Malinda Brauer, in violation of A.R.S. § 4-244 (14).

COUNT 2: On or about June 6, 2008, at approximately 8:30 p.m., it was discovered that the licensee's employee, Malinda Brauer, was acting in the capacity of a manager of the

business without first filing the appropriate paperwork
with the Department, in violation of A.R.S. § 4-202(C) 5100012

ACKNOWLEDGMENTS

The licensee hereby acknowledges the right to a public hearing concerning each and every allegation set forth above. This includes the right to written notice of the charges, notice of hearing, and the right to present evidence and cross examine witnesses.

CONSENT AGREEMENT

The Director and the licensee hereby agree and consent to the final disposition of the charges set forth in the above complaint and hereby resolve the complaint above. The licensee agrees to the terms of this Consent Agreement and Order in lieu of a public disciplinary hearing. The licensee waives the right to prior service of the Complaint and Notice of Hearing concerning the allegations set forth above and waives the rights to administrative or court appeal relating to this Agreement and Order. The licensee understands that by stipulating to this Consent Agreement, a prior violation could be alleged in the event the licensee is cited for another liquor violation. The licensee understands and agrees that failure to comply with the terms of the Order shall constitute sufficient cause for the filing of a disciplinary complaint against the licensee for failure to maintain the capability, qualifications, and reliability requirements of a licensee. Parties agree that time is of the essence as to the terms of this Agreement and Order. The Director and licensee agree to the Findings of Fact, Conclusions of Law and the terms of the Order in lieu of holding a public disciplinary hearing.

IT IS HEREBY ORDERED that the licensee pay a civil penalty of ONE THOUSAND SEVEN HUNDRED AND FIFTY DOLLARS (\$1,750.00) to the Department of Liquor Licenses and Control on or before OCTOBER 14, 2008.

This penalty is in accordance with the Compliance Penalty Guidelines

FAILURE TO COMPLY with the terms of this Order shall constitute sufficient cause for the filing of a disciplinary complaint against the licensee for failure to maintain the capability, qualifications, and reliability of a licensee.

DATED this _____ day of _____, 2008.
Day of Month Month

JERRY A. OLIVER SR., DIRECTOR

Department of Liquor Licenses and Control
 Compliance Department
 800 West Washington, Fifth Floor Lic. #M10-12
 Phoenix, AZ 85007

Larry F. Fussy, Agent
 Fooseman Enterprises, LLC
 Tailgaters Sports Bar and Grill
 6070 W. Bell Road, #107
 Glendale, AZ 85308

MAIL-IN CONSENT AGREEMENT
 Compliance Action No. 0196-06C

Re: License 06070020

DLLC Case#: 06-01958
 Police Agency: DLLC

The Licensee hereby waives any right to a compliance meeting with a representative of the Department of Liquor Licenses and Control.

Furthermore, the Licensee also waives any right to a hearing before an Administrative Law Judge through the Office of Administrative Hearings.

The Licensee admits that sufficient evidence exists to uphold the violation; therefore, Licensee hereby consents to the following violation(s), agreeing to pay the **reduced penalty by the date specified at the bottom of this page.**

<u>Date of Occurrence</u>	<u>Statutory Violation</u>	<u>Description</u>	<u>Penalty Assessed</u>
April 7, 2006	4-244.16	Allowing underage to be given/possess alcohol on premises	\$1,000.00
April 7, 2006	4-244.22	Underage on premises w/o parent (on-sale)	\$1,000.00

Total Penalty Assessed	\$2,000.00
Mail-in Program Reduction	<u>\$1,000.00</u>
***Total penalty if paid by specified date.	<u>\$1,000.00</u>
(Enclose check or money order.)	
Department of Liquor Licenses and Control, 800 W. Washington, Fifth Floor, Phoenix, AZ 85007	

Date: 5-10-06

#3554

By: _____
 Please sign above.

 Please print name above.

***** Return in the enclosed envelope on or before May 17, 2006. This is a one-time mail-in offer made available to reduce administrative costs.**

COMPLIANCE ACTIONS

05 DEL 2 Lic. Lic. #1012

0406-09C

6/25/2009	Incident Date
7/10/2009	Violation Letter
7/31/2009	Mail-In Consent
8/4/2009	Fine Paid, \$750

Violations

Statute	Counts	Description
4--241.A	1	Failure to follow the identification procedure prescribed by statutes
4-244.9	1	Sell, give, furnish underage person with alcohol

BOARD ACTIONS

No Board Actions

DO NOT PUBLISH THIS SECTION

ARTICLE 1

The company name must contain an ending which may be "limited liability company," "limited company," or the abbreviations "L.L.C.", "L.C.", "LLC" or "LC". If you are the holder or assignee of a tradename or trademark, attach Declaration of Tradename Holder form.

09 DEC 2 11:47 AM #10112
ARTICLES OF ORGANIZATION

A.R.S. §29-632

1. Name. The name of the limited liability company is:

MSLF ENTERPRISES LLC

2. Known Place of Business. The address of the company's known place of business in Arizona is:

7160 E. PAVWAY

PRESCOTT VALLEY, AZ 86314

3. Statutory Agent. (In Arizona) The name and street address of the statutory agent of the company is:

MIKE STALLONE

17045 N. 59th AVE #103

Glendale AZ 85308

Acceptance of Appointment By Statutory Agent

I Mike Stallone, having been designated to act as
(Printed Name)

Statutory Agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statutes.

The agent must consent to the appointment by executing the consent.

Signature of Statutory Agent

[If signing on behalf of a company serving as statutory agent, print company name here]

ARTICLES 4

Complete this section only if you desire to select a date or occurrence when the company will dissolve. If perpetual duration is desired, leave this section blank.

4. Dissolution. The latest date, if any, on which the limited liability company must dissolve is:

DO NOT PUBLISH THIS SECTION

ARTICLE 5

Check which management structure will be applicable to your company. Provide name, title and address for each person.

5. Management.

Management of the limited liability company is **vested in a manager or managers.** The names and addresses of each person who is a manager **AND** each member who owns a twenty percent or greater interest in the capital or profits of the limited liability company are:

Name:	_____	_____
	[] member [] manager	[] member [] manager
Address:	_____	_____
City, State, Zip:	_____	_____

Name:	_____	_____
	[] member [] manager	[] member [] manager
Address:	_____	_____
City, State, Zip:	_____	_____

Management of the limited liability company is **reserved to the members.** The names and addresses of each person who is a member are:

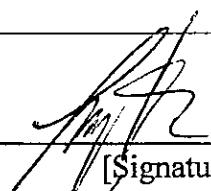
Name:	<u>Mike Stallone</u>	_____
	<input checked="" type="checkbox"/> member	[] member
Address:	<u>10512 W VILLA NEOMOSA</u>	_____
City, State, Zip:	<u>Peoria AZ 85382</u>	_____

Name:	<u>Larry Fussy</u>	_____
	<input checked="" type="checkbox"/> member	[] member
Address:	<u>17552 N. 70th Lane</u>	_____
City, State, Zip:	<u>Glendale AZ 85308</u>	_____

The person(s) executing this document need not be manager or member(s) of the company.

EXECUTED this _____ day of _____, _____.

[Signature]



[Signature]

[Print Name Here]

Larry Fussy

[Print Name Here]

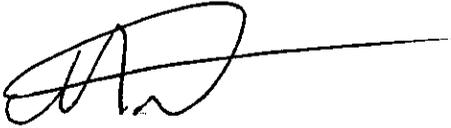
Your fax and phone number is optional.

PHONE _____

FAX _____

OPERATING AGREEMENT

This is a contract between the two members of MSLF enterprises (D.B.A. Tailgaters Sports Grill & IlPrimo Pizza and Wings). The two members Michael J. Stallone and Larry F. Fussy will share all responsibilities equally. Along with the day to day operations Michael and Larry will also be compensated equally. This contract is in effect as of this 1ST day of November 2009.

A handwritten signature in black ink, appearing to be 'MJ Stallone', with a long horizontal line extending to the right.

Michael J. Stallone

A handwritten signature in black ink, appearing to be 'L F Fussy', with a long horizontal line extending to the right.

Larry F. Fussy

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W. Washington 5th Floor

Phoenix, AZ 85007-2934

www.azliquor.gov

(602) 542-5141

RECORDS REQUIRED FOR AUDIT

SERIES 11 (HOTEL/MOTEL/RESTAURANT AND SERIES 12 (RESTAURANT)

MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH YOUR DLLC RECORDS

In the event of an audit, you will be asked to provide to the Department any documents necessary to determine compliance with A.R.S. §4-205.02(G). Such documents requested may include however, are not limited to:

1. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
2. A list of *all* food and liquor vendors
3. The restaurant menu used during the audit period
4. A price list for alcoholic beverages during the audit period
5. Mark-up figures on food and alcoholic products during the audit period
6. A recent, **accurate** inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
7. Monthly Inventory Figures - beginning and ending figures for food and liquor
8. Chart of accounts (copy)
9. Financial Statements-Income Statements-Balance Sheets
10. General Ledger
 - A. Sales Journals/Monthly Sales Schedules
 - 1) Daily sales Reports (to include the name of each waitress/waiter, bartender, etc. with sales for that day)
 - 2) Daily Cash Register Tapes - Journal Tapes and Z-tapes
 - 3) Dated Guest Checks
 - 4) Coupons/Specials/Discounts
 - 5) Any other evidence to support income from food and liquor sales
 - B. Cash Receipts/Disbursement Journals
 - 1) Daily Bank Deposit Slips
 - 2) Bank Statements and canceled checks
11. Tax Records
 - A. Transaction Privilege Sales, Use and Severance Tax Return (copies)
 - B. Income Tax Return - city, state and federal (copies)
 - C. Any supporting books, records, schedules or documents used in preparation of tax returns
12. Payroll Records
 - A. Copies of all reports required by the State and Federal Government

- B. Employee Log (A.R.S. §4-119)
 - C. Employee time cards (actual document used to sign in and out each work day)
 - D. Payroll records for all employees showing hours worked each week and hourly wages
13. Off-site Catering Records (must be complete and separate from restaurant records)
- A. All documents which support the income derived from the sale of food off the license premises.
 - B. All documents which support purchases made for food to be sold off the licensed premises.
 - C. All coupons/specials/discounts

The sophistication of record keeping varies from establishment to establishment. Regardless of each licensee's accounting methods, the amount of gross revenue derived from the sale of food and liquor must be substantially documented.

REVOCAION OF YOUR LIQUOR LICENSE MAY OCCUR IF YOU FAIL TO COMPLY WITH A.R.S. §4-210(A)7 AND A.R.S. §4-205.02(G).

A.R.S. §4-210(A)7

The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of food.

A.R.S. §4-205.02(G)

For the purpose of this section:

1. "Restaurant" means an establishment which derives at least forty percent (40%) of its gross revenue from the sale of food.
2. "Gross revenue" means the revenue derived from all sales of food and spirituous liquor on the licensed premises, regardless of whether the sales of spirituous liquor are made under a restaurant license issued pursuant to this section or under any other license that has been issued for the premises pursuant to this article.

I, (print licensee name):

Stallone Michael
 Last First



have read and fully understand all aspects of this statement.

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

X [Signature]
 (Signature of Licensee)

16 day of Nov, 2009
 Day Month Year

My commission Expires on: 02/28/2010 [Signature]
 Day Month Year (Signature of NOTARY PUBLIC)

MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH YOUR DLLC RECORDS

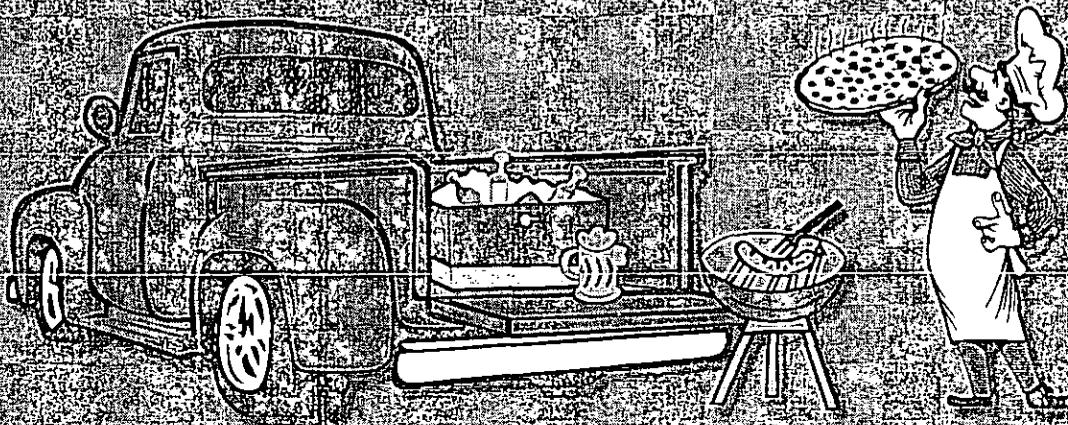
TAILGATERS

Sports Grill

and

IL PRIMO

PIZZERIA



Delivery
Available

The Food And Fun Starts Here!

** Lunch & Dinner Served Daily. **

** Open Every Day at 10:30 a.m. **

** Appetizers Served Late Every Night. **

** Pizza served by the Slice Mon - Friday **

7160 Pav Way Prescott Valley, AZ 86314 - Phone (928) 775-0000

Appetizers

Cheesy Garlic Toast \$4.99
Our incredible garlic bread smothered with whole milk mozzarella cheese.

Quesadilla \$4.99
A mixture of mozzarella and cheddar cheese melted together with chopped tomatoes on top of a warm flour tortilla served with sour cream. (Add chicken for \$2.00)

Breaded Mushroom Basket \$5.99
Breaded mushrooms served with homemade ranch dressing.

Breaded Zucchini Basket \$5.99
Breaded zucchini slices served with homemade ranch dressing.

Breaded Cheese Curds \$5.99
Wisconsin style white cheddar curds.

Cold Veggies Snack Platter \$5.99
Assortment of crisp garden fresh vegetables served with homemade ranch dressing.

Loaded Potato Skins \$6.99
Potato skins are loaded w/ cheddar & mozzarella cheese & real bacon pieces. Topped w/ scallions. Sour cream served on the side.

Creamy Spinach Artichoke Dip \$6.99
A piping hot bowl of bubbly cheeses served with warm tortilla chips.

Chicken Strip Basket \$6.99
Breaded chicken served with your choice of dipping sauce.

Beer Battered Onion Rings \$6.99
Irresistible golden brown beer battered onion rings.

Boneless Buffalo Wings \$6.99
Plump breaded boneless chicken wings dipped in your favorite wing sauce. Homemade ranch dressing served on the side.

Mozzarella Cheese Sticks \$6.99
Italian breaded mozzarella cheese, lightly fried to perfection! Served with homemade marinara sauce.

Breaded Ravioli \$7.99
Savory fillings bursting with flavor, tucked inside pillows of egg rich pasta then coated with seasoned bread crumbs.

Ultimate Nachos \$7.99
A huge pile of tortilla chips topped with our delicious chili, piled high with cheddar cheese, tomatoes, green onions, sour cream, salsa and jalapeños. (Add Beef or Chicken \$1.99)

Breaded Shrimp Basket \$9.99
A generous portion of lightly fried shrimp served with side of cocktail sauce.

Buffalo Sampler Platter \$10.99
Breaded shrimp, boneless wings, traditional wings. Served with your choice of two sauces and homemade ranch dressing.

Traditional Sampler Platter \$10.99
Fried zucchini, fried mushrooms, mozzarella sticks, onion rings. Served with your choice of two sauces and homemade ranch dressing.

Soups & Salads

Dressings available are ranch, bleu cheese, honey mustard, italian and thousand island.

Soup of the Day \$4.99
Ask your server for today's soup.

House Chili \$4.99
Homemade chili topped with cheddar cheese and served with crackers.

Classic Dinner Salad \$5.99
Crisp greens topped with tomatoes, cucumbers, mozzarella cheese and black olives.

Antipasto Salad \$7.99
Fresh greens, topped with pepperoni, salami, ham, black olives, tomatoes, and shredded mozzarella cheese. Served with a side of our house Italian dressing.

Chicken Caesar Salad \$7.99
Crisp Romaine lettuce tossed with shredded parmesan, creamy Caesar dressing, croutons and topped with grilled chicken breast.

Buffalo Chicken Salad \$7.99
Crisp greens topped with tomatoes, cucumbers, mozzarella cheese, delicious bite size breaded buffalo chicken, served with homemade blue cheese dressing on the side.

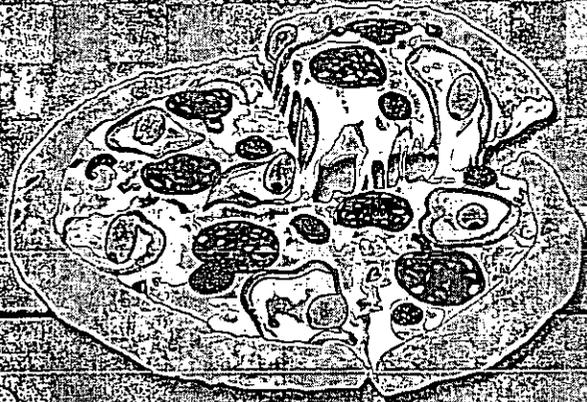


*Please be advised that consuming raw or undercooked foods such as liver, poultry, eggs, seafood, lamb, pork or other meats may increase your risk of foodborne illness, especially if you have certain medical conditions. Thorough cooking of these items reduces your risk. Please contact your local health department or physician for further information.

Il Primo Hand Tossed Pizzas and Specialty Pizzas

	8"	12"	14"	16"
Cheese Pizza	\$4.99	\$8.99	\$10.99	\$12.99
Additional Toppings	.75	1.30	1.50	1.65

Pepperoni - Sausage - Beef - Ham - Pineapple - Bacon - Canadian Bacon - Jalapeno
 Anchovy - Cheddar Cheese - Extra Cheese - Onions - Fresh Mushrooms
 Fresh Garlic - Fresh Tomatoes - Black Olives - Bell Pepper - Broccoli
 Pepperonis - Chicken (Extra) - Steak (Extra)



	8"	12"	14"	16"
Il Primo Supreme	\$7.99	\$13.99	\$16.99	\$18.99
Pepperoni, mushrooms, sausage, onions, bell peppers, black olives and ham				
Il Primo Vegetarian	\$7.99	\$12.99	\$15.99	\$17.99
Fresh tomatoes, mushrooms, onions, black olives and bell peppers				
The Bacon Cheeseburger	\$7.99	\$12.99	\$15.99	\$17.99
Double Beef, Bacon, and Cheddar				
B.B.Q. Chicken	\$7.99	\$12.99	\$15.99	\$17.99
Grilled B.B.Q. Chicken, onions, bell peppers, cheddar and mozzarella				
Philly Cheese Steak	\$8.99	\$13.99	\$16.99	\$18.99
Thinly sliced rib eye steak, onion, bell pepper and mozzarella				
Hawaiian Pizza	\$7.99	\$12.99	\$15.99	\$17.99
Ham, Pineapple and Bacon				
Il Primo White Pizza	\$7.99	\$12.99	\$15.99	\$17.99
Olive Oil, Crushed Garlic, Ricotta Cheese, Mozzarella Cheese, And Fresh tomatoes				

Il Primo Award Winning Wings and Hand Stretched Calzones

Served with celery and carrots and your choice of bleu cheese or ranch.

	5	10	20	30
Wings	\$3.99	\$6.99	\$11.99	\$17.99



House Special Calzone	\$8.99
Ricotta cheese, pepperoni, sausage, mushrooms, onions, bell peppers, Mozzarella cheese	
Create Your Own Calzone	\$5.99
Additional Toppings	.75



The Original Pizza and Wings Combos!

**Large Cheese Pizza
and 10 Wings**
\$16.99

**Large 1 Topping Pizza
and 20 Wings**
\$21.99

**X-Large 1 Topping Pizza
and 30 Wings**
\$26.99

*Please be advised that consuming raw or undercooked foods such as beef, poultry, eggs, seafood, lamb, pork or other meats may increase your risk of foodborne illness, especially if you have certain medical conditions. Thorough cooking of these items reduces your risk. Please contact your local health department or physician for further information.

Subs and Sandwiches

Subs served with a bag of chips. Your choice of white or wheat.

Chicken Parmesan \$7.99
All white meat chicken, lightly breaded, topped with marinara sauce and melted mozzarella.

Classic Italian \$7.99
Ham, salami, pepperoni, lettuce, tomato, onion and italian dressing. Ask for it baked in a homemade pizza dough for \$1 extra.

Turkey Bacon Melt \$7.99
Lean turkey, melted swiss cheese and bacon on a grilled french roll.

French Dip \$7.99
Thinly sliced roast beef piled high, served with hot au jus for dipping.

Philly Cheese Steak \$7.99
Thinly sliced rib eye steak, onion, bell pepper and mozzarella. Ask for it baked in a homemade pizza dough for \$1 extra.

Meatball Sub \$7.99
Plump meatballs seasoned just right topped with mozzarella cheese and marinara sauce. Ask for it baked in a homemade pizza dough for \$1 extra.

Sandwiches served with Fries and a Pickle. Your choice of bread.

D.L.T. Classic \$3.99
Crisp bacon, fresh lettuce, and thinly sliced tomatoes with mayonaise. Served on your choice of bread.

Club \$7.99
Triple decker club sandwich with bacon, cheese, ham, turkey and mayonaise.

Reuben \$7.99
Corn beef on marble rye, topped with Swiss cheese, sourkraut and thousand island dressing.

Buffalo Chicken \$3.99
Chicken breast lightly breaded and fried, smothered with buffalo sauce. Served on a bun with homemade bleu cheese dressing.

Grilled Chicken \$3.99
Juicy all white meat chicken breast grilled to perfection, topped with lettuce and tomato. Served on a bun. May substitute teriyaki.



Burgers and Wraps

All burgers served with lettuce, tomato, onions and fries.

Sliders \$7.99
Three mini burgers topped with American cheese.

Original Grilled Burger (Add cheese .99¢) \$7.50

Bacon Cheese Burger \$8.99
An American Favorite! Crisp bacon and your choice of cheese.

B.B.Q. Burger \$8.99
Topped with our B.B.Q. sauce, two crisp onion rings and bacon.

Patty Melt \$8.49
Topped with sauteed onions, Swiss cheese and served on grilled marble rye.

The Monster Double \$11.99
Two patties topped with your choice of cheese and crisp bacon.

Wraps served with Fries

Chicken Caesar Wrap \$3.99
Grilled Chicken tossed in Caesar dressing, with lettuce and tomato.

Buffalo Chicken Wrap \$3.99
Tender bits of buffalo chicken tossed in homemade blue cheese dressing with lettuce and tomato.

Turkey Avocado Wrap \$3.99
Thinly sliced turkey, lettuce, tomato, avocado and mayonaise.



Bratwurst, Hot Dogs & Sides

Bratwurst \$4.99
Two Bratwurst Served with Fries.

Hot Dog \$3.99
Two franks served with fries.

Chili Dog \$4.99
Two franks smothered in our house chili served with fries.

French Fries \$1.99

Mashed Potatoes \$1.99

Cole Slaw \$1.29

Steamed Broccoli \$2.99

Garlic Bread \$2.99

Meatballs \$2.99

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Favorites

All pastas come with garlic bread and you can add a small house salad for \$1.99

Spaghetti with Meatballs \$7.99
Two plump meatballs served on top of tender noodles.

Grilled Chicken Plate \$8.99
Lightly seasoned chicken breast grilled and served with steamed broccoli and your choice of fries or mashed potato: (Try it with Teriyaki!)

Friday Night Fish Fry \$8.99
All you can eat breaded cod served with fries.

Cheese Ravioli \$8.99
Plump, cheesy filled pasta pillows served with homemade marinara sauce.

Fettuccini Alfredo \$9.99
Tender fettuccini noodles topped with a creamy alfredo sauce. (Add chicken for \$2.00)

Chicken Cutlet Parmesan \$10.99
Breaded chicken breast topped with melted mozzarella cheese, served on a bed of pasta.

Top Sirloin \$11.99
Hand cut Top Sirloin grilled to perfection, served with steamed broccoli and your choice of fries or mashed potatoes.

Steak and Shrimp \$13.99
Hand cut Top Sirloin grilled to perfection, served with breaded shrimp, steamed broccoli and your choice of fries or mashed potatoes.



Ultimate Pasta Bowls

Our homemade Pizza Dough that is formed into an edible bowl, then filled with your favorite Pasta and Sauce.

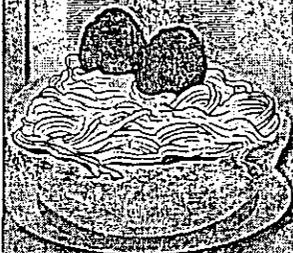
Choose Your Pasta Choose Your Sauce \$7.99

Your Pasta Choices Are:

Spaghetti Noodles, Fettuccini Noodles Or Penne Noodles.

Your Sauce Choices Are:

Marinara, Alfredo, Or Chili Pesto.



Add Meatballs

\$1.99

Add Chicken

\$1.99

Kids Menu

Meals below come with a small beverage.

Grilled Cheese \$3.99

Corn Dog or Hot Dog \$3.99

Chicken Nuggets \$3.99

Mac & Cheese \$3.99

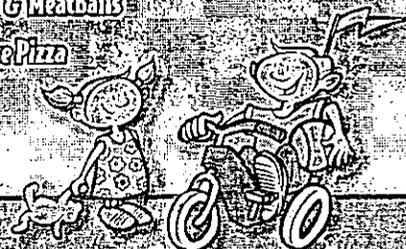
Two Mini Burgers with Cheese \$3.99

Meals below are served with a small beverage.

Cheese Ravioli \$3.99

Spaghetti & Meatballs \$3.99

Kid's Cheese Pizza \$4.99



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Beer & Wine

Draft Beer Selection

Bud
Bud Light
Coors Light
Amber Bock
Fat Tire
Coors

Blue Moon
Miller Light
Guinness
Michelob Ultra
Bass
Killians Red

Wine Selection

Merlot
White Zinfandel
Cabranet
Chardonnay
Reisling
Chianti
Pinot Noir

Bottle Beer Selection

Dos XX Lager
Michelob Ultra
Coors Light
Heineken
Heineken Light
Corona
Rolling Rock
Bud Light Lime
Land Shark

Miller High Life
New Castle
Pabst Blue Ribbon
MGD
MGD64
Corona Light
Bud Select
Smirnoff Ice
Amstel Light

Becks
Ace Pear Cider
Negra Modelo
St Paulie Girl
Leinen Kugals Sunset
Leinen Kugals Berry
Shock Top
Shiner bock
Twisted Tea

\$1.50 12oz Domestic Mugs
Monday - Friday For Happy Hour

Beverages

Coke - Diet Coke - Mr. Pibb - Rootbeer - Pink Lemonade - Sprite - Ice Tea - Raspberry Tea - Fanta Orange

Desserts

Cannoli

An Italian classic! Light and flaky pastry filled with a sweet ricotta cheese and sprinkled with powdered sugar.

\$1.99

New York Cheesecake

Your choice of topping! Strawberry or Chocolate

\$3.99



Chocolate Cake

A chocolate lovers dream!

\$3.99

Hot Fudge Brownies

Warm brownie served with a scoop of vanilla bean ice cream, drizzled with chocolate sauce and topped with whip cream.

\$6.99



- NASCAR Races That You Can Hear Live
- Watch Your Football, Baseball, Basketball, Hockey Here
- Ask About Our Weekly Entertainment
- Inquire About Future Car Shows

Special Discounts For Youth Sports Teams!

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W. Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

RESTAURANT OPERATION PLAN

LICENSE #

AND 213 3459
ARIZONA

1. List by Make, Model and Capacity of your:

Grill	US Range 07004100236003
Oven	Middleby Marshall PS360
Freezer	Victory Freezer A0741194
Refrigerator	Kysor 93172-01
Sink	Eaglegroup Custom
Dish Washing Facilities	Jackson Warewashing DSS70-721
Food Preparation Counter (Dimensions)	DelField 4472N-30-N 4448N-18M
Other	Hoshizaki Ice Maker KM-160157H

2. Print the name of your restaurant: Tailgaters Sports Grill & IL Primo Pizza & Wings

3. Attach a copy of your menu (Breakfast, Lunch and Dinner including prices).

4. List the seating capacity for:

- a. Restaurant area of your premises [108]
- b. Bar area of your premises [+ 38]
- c. Total area of your premises [146]

5. What type of dinnerware and utensils are utilized within your restaurant?
 Reusable Disposable

6. Does your restaurant have a bar area that is distinct and separate from the restaurant seating? (If yes, what percentage of the public floor space does this area cover). Yes 25% No

7. What percentage of your public premises is used primarily for restaurant dining? (Does not include kitchen, bar, cocktail tables or game area.) 75%

*Disabled individuals requiring special accommodations, please call (602) 542-9027

8. Does your restaurant contain any games or television? Yes No
 If yes, specify what types and how many of each type (Televisions, Pool tables, Video Games, Darts, etc).
1 Mega Touch Video Screen, 1 Golden Tee, 1 Strick Force Bowling
10 TVs, 1 Kids Crane Toy game, 1 Buck Hunter, 1 Pool table, 1 Kids
PAC Man Game

9. Do you have live entertainment or dancing? Yes No
 (If yes, what type and how often?)

10. Use space below or attach a list of employee positions and their duties to fully staff your business.
Line Cook - Cooking All Food & Prep
Dishwasher - Washing plates, Silverware, ect...
Bartender - Pouring drinks, writing on quests & checking ID's
Waitress - Writing on quests, checking ID's and serving quests
Manager - Oversees operations of Business
Hostess - Greets & Seats quests
Delivery Driver - Drives food to customers
Front Counter Help - Ring Take out orders

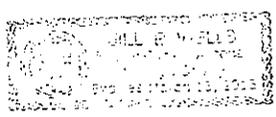
I, Michael Joseph Stallone, hereby declare that I am the APPLICANT filing this application. I have
 (Print full name)
 read this application and the contents and all statements true, correct and complete.

X. [Signature]
 (Signature of APPLICANT)

State of Arizona County of Maricopa
 The foregoing instrument was acknowledged before me this
2 day of December, 2009
 Day of Month Month Year

My commission expires on: 3/13/2013

[Signature]
 (Signature of NOTARY PUBLIC)





09 DEC 2 11:41 AM #1013

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH090445

AMY S NATIONS
MOHAVE MARKETING INC
NATIVE NEW YORKER
P O BOX 2502
CHANDLER AZ 85244

Pending

735

LICENSES EXPIRE ON AUGUST 31, 2010

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A \$150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: Section A must be completed even if there are no changes. Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable):

Table with 10 columns: New, Title, Last, First, Middle, Mailing Address, City, State, Zip. Contains 5 rows with checkboxes in the 'New' column.

Percentage of Ownership: PERCENTAGE MUST EQUAL 100%. Attach additional sheet if necessary.

Table with 10 columns: New, Last, First, Middle, Mailing Address, City, State, Zip, Ownership. Contains 4 rows with checkboxes in the 'New' column and percentage signs in the 'Ownership' column.

Partnership: Please indicate if General or Limited partner. PERCENTAGE MUST EQUAL 100%.

Table with 10 columns: New, G / L, Last, First, Middle, Mailing Address, City, State, Zip, Ownership. Contains 3 rows with checkboxes in the 'New' column and percentage signs in the 'Ownership' column.

RENEWLET 4/15/2009

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent or more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details) No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X  (Signature)

Michael Stallone (Print Name)

D. All hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. Domestic Farm Winery (series 13) reports must be submitted to the department on an annual basis based on a fiscal (July 1 – June 30) manufacturing year.

F. Domestic Microbrewery (series 3) reports must be submitted to the department on an annual basis based on a calendar (January 1 – December 31) manufacturing year.

G. Domestic Farm Winery/Domestic Microbrewery Annual Report (check report that applies below)

1. Domestic Farm Winery Name: _____, Fiscal Year: July 1- June 30, _____ (Year)
A.R.S. § 4-205.04(B)

Domestic Microbrewery Name: _____, Calendar Year: Jan. 1- Dec. 31, _____ (Year)
A.R.S. § 4-205.08(B)

2. Liquor License # _____

3. Name of Owner or Agent: _____ Owner Agent

4. Physical Address Of Licensed Location: _____, _____, _____
Street Address City Zip Code

5. Amount of Wine Manufactured (in gallons) During Reported Year: _____

Amount of Beer Manufactured (in gallons) During Reported Year: _____

I, _____ declare that I have read the aforementioned and the contents and
(Print Name)
statements are true, correct and complete.

X _____ State of _____ County of _____
(Signature) The foregoing instrument was acknowledged before me this

_____ day of _____,
Day Month Year

(Signature of NOTARY PUBLIC)

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

License# 12133346 Renew? Yes No
Status: Terminated Status Date: 11/2/2009
License Inactive? Yes No Changes: (may require additional Filing)
Agent: AMY S NATIONS
Location: NATIVE NEW YORKER
7160 E PAV WAY
PRESCOTT VALLEY, AZ 86314
Business Phone: _____
% Of Revenue From Food Sales: _____

Renewal Fees:
License Renewal: 500.00
ARS 4-209 K Sur-Charge: 35.00
Audit Sur-Charge: 30.00
ARS 4-209 L Sur-Charge: 20.00
Total: 585.00
150.00
735.00

Your e-mail address: _____

Your daytime contact telephone number: () _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? No Yes

If yes, please list the persons name and their new residential address:

1) _____
Name Street City County Zip

2) _____
Name Street City County Zip

103 DEC 2 Lic. Lic. #11013

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, MICHAEL STELLONE, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

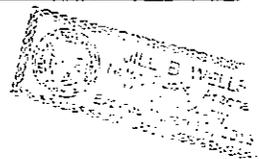
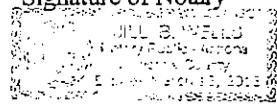
X [Signature]
(Signature)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this
2 day of December, 2009
Month Year

My commission expires on: 3/13/2013

[Signature]
Signature of Notary



*Disabled individuals requiring special accommodations, please call (602) 542-9027