

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 #: 06130028

1. Type of License: Series #6 Bar 2. Total fees attached: \$ 272.00

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

SECTION 4 Applicant

- Owner/Agent's Name: Mr. Baldrige, Travis Wade
Corp./Partnership/L.L.C.: Baldrige Enterprises, LLC
Business Name: Royal T Sports Hall
Principal Street Location: 8380 8450 E. Highway 69, Prescott Valley, Yavapai, 86312
Business Phone: 928-772-6300 Daytime Contact: 928-772-6300-0644
Mailing Address: 12716 E. Garza St., Dewey, AZ, 86327
Enter the amount paid for a bar, beer and wine, or liquor store license: \$ 65,000 (Price of License only)

DEPARTMENT USE ONLY

Fees: Application 100.00, Interim Permit 100.00, Agent Change, Club, Finger Prints \$ 72.00, TOTAL OF ALL FEES 272.00

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

Accepted by: [Signature] Date: 3/2/2010 Lic. # 06130028

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: 06130028
4. Is the license currently in use? YES NO If no, how long has it been out of use? _____

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

I, ^{Lockwood} SCOTT L. SMITH, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER, MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

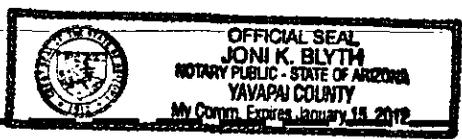
X [Signature]
(Signature)

State of ARIZONA County of YAVAPAI

The foregoing instrument was acknowledged before me this

My commission expires on: 1-15-2012

1 day of March 2012
Day Month Year



[Signature]
(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
ALCOHOLIC BEVERAGE LICENSE

License 06130028

Issue Date: 6/27/2001

Expiration Date: 8/31/2010

Issued To:
DONNA KAYE MARTIN, Agent
S & C ADVENTURES LLC, Owner

Bar

Mailing Address:

Location:
Y-NOT LOUNGE
8450 E HWY 69
PRESCOTT VALLEY, AZ 86312

DONNA KAYE MARTIN
S & C ADVENTURES LLC
Y-NOT LOUNGE
PO BOX 26971
PRESCOTT VALLEY, AZ 86312



EXP 8/31/2010

POST THIS LICENSE IN A CONSPICUOUS PLACE

Jerry A. Oliver Sr.
JERRY A. OLIVER, SR.
DIRECTOR

Read & Approved:

X *[Signature]*
Baldridge Enterprises LLC

100 MAR 11 10:00 AM '10

08802524-JKB

Bill of Sale
(Personal Property or Goods)

Date:

March 1, 2010

County where Property is Located:

Yavapai

SELLER (Name):

S & C Adventures, LLC, An Arizona Limited Liability Company

BUYER (Name):

Baldridge Enterprises LLC, An Arizona Limited Liability Company

Address or Location of Property Sold:

8380 E. Hwy. 69 Prescott Valley, AZ 86314

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

Arizona Liquor License Number 06130028

Know all men by these presents:

That Seller, for the consideration of Ten and no/100 Dollars and other valuable consideration, paid and delivered by Buyer, the receipt of which is acknowledged, does hereby sell, assign, convey, transfer and deliver to Buyer the above described property sold. Seller warrants that said goods and chattels are clear, free and unencumbered, to have and to hold the same unto the Buyer and their heirs, executors, administrators, successors and assigns of the Buyer forever and warranted by the Seller, and the heirs, executors, administrators, successors and assigns of Seller against all and every person whomsoever lawfully claiming or to claim the same.

S & C Adventures, LLC

[Signature]
Scott L. Smith, Member

STATE OF ARIZONA)

) ss

County of Yavapai)

This instrument was acknowledged before me
me this 1st day of March, 2010 by Scott L.
Smith, Member on behalf of S & C
Adventures, LLC, An Arizona Limited
Liability Company



[Signature]
Joni K. Blyth Notary Public

My commission expires: January 15, 2012

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.

1. Name of Corporation/L.L.C.: Baldrige Enterprises, LLC
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 1-4-10 State where Incorporated/Organized: Arizona
3. AZ Corporation Commission File No: L-1573715-2 Date authorized to do business in AZ: 1-13-10
4. AZ L.L.C. File No: L-1573715-2 Date authorized to do business in AZ: 1-13-10
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
Baldrige	Travis	Wade	member	12716 E. Garcia St. Dewey, AZ	86327

(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
Baldrige	Travis	Wade	100%	12716 E. Garcia St. Dewey	AZ 86327

(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: MARTIN DONNA Kaye Entity: AGENT
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: S+C Adventures, LLC
(Exactly as it appears on license)
3. Current Business Name: Y-NOT LOUNGE
(Exactly as it appears on license)
4. Physical Street Location of Business: Street 8450 E. Hwy 69
City, State, Zip Prescott Valley, AZ 86312
5. License Type: #6 BAR License Number: 06130028
6. Current Mailing Address: Street P.O. Box 27381
(Other than business) City, State, Zip Prescott Valley, AZ 86312
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, SCOTT L. SMITH ^{Lockwood}, hereby authorize the department to process this application to transfer the privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, SCOTT L. SMITH ^{Lockwood}, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

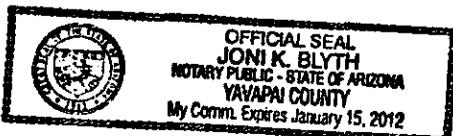
X Scott L. Smith
(Signature of CURRENT LICENSEE)

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

1 day of MARCH 2010
Day Month Year

My commission expires on: 1-15-2012

Joni K. Blyth
(Signature of NOTARY PUBLIC)



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

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

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

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

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02) c) Government license (§ 4-205.03)
 b) Hotel/motel license (§ 4-205.01) d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: 12,672 ft. Name of school Mountain View Elementary School
1848 ft. Name of school Busy Bee Learning Center
 Address 8601 E. Lops Dr. Prescott Valley, AZ 86314
~~Address 8605 E. Florence Rd Prescott Valley, AZ 86314~~
 City, State, Zip
2. Distance to nearest church: 2429 ft. Name of church Kingdom Hall of Jehovahs Witnesses
 Address 8800 E. Highway 69 Prescott Valley, AZ 86314
 City, State, Zip
3. I am the: Lessee Sublessee Owner Purchaser (of premises)
4. If the premises is leased give lessors: Name Alcrown Limited, Inc
 Address P.O. Box 2341 Prescott, AZ 86302
 City, State, Zip
- 4a. Monthly rental/lease rate \$ 3125.02 What is the remaining length of the lease 5 yrs. 0 mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ _____ or other Default
 (give details - attach additional sheet if necessary)
5. What is the total **business** indebtedness for this license/location excluding the lease? \$ 70,000

Please list debtors below if applicable.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
S&C	Adventures	LLC	70,000	P.O. Box 26971	Prescott Valley	AZ	86312

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? Bar

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 # 06130028 (exactly as it appears on license) Name Y. Doana Kaye Martin - Not Lounge

SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? YES NO
If yes, give the name of licensee, Agent or a company name:

_____ and license #: _____
Last First Middle

2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.

3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.

4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this hotel/motel restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

applicants initials

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

1. Check ALL boxes that apply to your business:

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.

TB
applicants initials

SECTION 15 Diagram of Premises

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consume 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.

DIAGRAM ATTACHED	
------------------	--

SECTION 16 Signature Block

I, Travis W. Beldridge, 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)



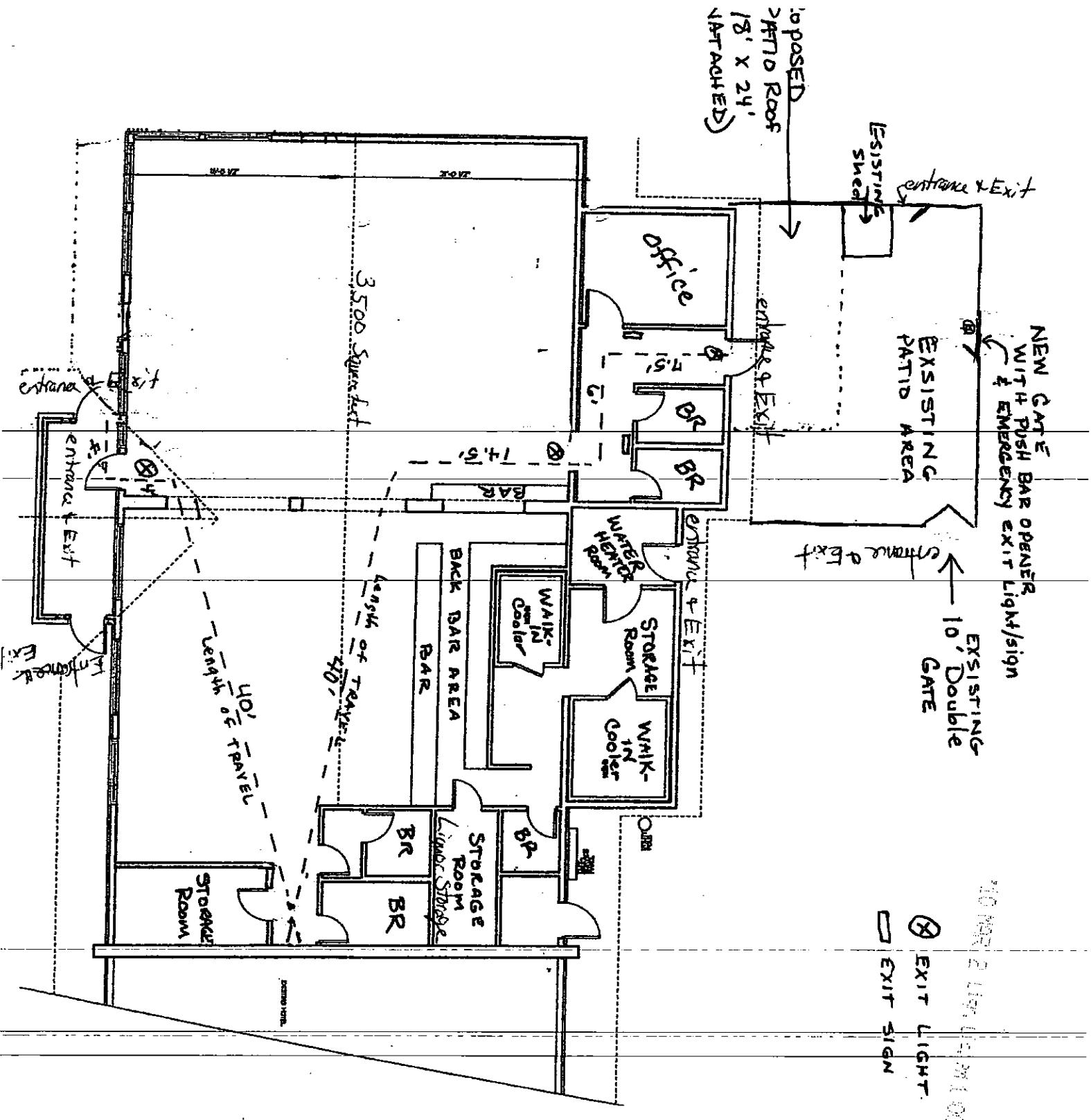
State of ARIZONA County of YAVAPAI

The foregoing instrument was acknowledged before me this

1 of MARCH 2010
 Day Month Year

[Signature]
 signature of NOTARY PUBLIC

My commission expires on: 15 Jun 2012
 Day Month Year



ADDRESS FOR:
Y-NOT LOUNGE
 8450 EAST HIGHWAY 69
 PRESCOTT VALLEY, ARIZONA
 (928) 772-6300

KENNETH MOHN ARCHITECT
 3915 West Roadrunner Drive
 Chino Valley, Arizona 86323
 (928) 636-8655

THIS DOCUMENT IS THE PROPERTY OF KENNETH MOHN ARCHITECT. IT IS TO BE USED ONLY FOR THE PROJECT AND SITE SPECIFICALLY IDENTIFIED HEREIN. IT IS NOT TO BE REPRODUCED, COPIED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF KENNETH MOHN ARCHITECT. ANY UNAUTHORIZED USE OF THIS DOCUMENT IS PROHIBITED AND WILL BE AT THE USER'S SOLE RISK AND LIABILITY. THE USER AGREES TO HOLD KENNETH MOHN ARCHITECT HARMLESS FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES, AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES, ARISING OUT OF OR RESULTING FROM ANY UNAUTHORIZED USE OF THIS DOCUMENT.

AZ CORPORATION COMMISSION
FILED

AZ Corp. Commission
03007506

JAN 4 - 2010

FILE NO. 1573715-2

DO NOT WRITE ABOVE THIS LINE, FOR ACC USE ONLY.

ARTICLES OF ORGANIZATION

DO NOT FURNISH THIS SECTION. NOTE: A professional limited liability company is an LLC organized for the purpose of rendering one or more categories of professional services. Professional services is defined as a service that may be legally rendered only by a person licensed in this state to render the service.

1. The LLC name must contain the words "limited liability company" or "limited company" or the abbreviation "L.L.C.", "L.C.", "LLC", or "LC". The Professional LLC name must contain the words "professional limited liability company" or the abbreviation "P.L.L.C.", "P.L.C.", "P.L.L.C.", or "P.L.C."

2. Must be an Arizona address. DO NOT LEAVE THIS SECTION BLANK.

3. If the statutory agent has a P.O. box then they must also provide a physical address or description of the location.

The agent must sign the articles or provide written consent to acceptance of the appointment.

Select one. This form may be used for:

- ARIZONA LIMITED LIABILITY COMPANY (A.R.S. §25-432)
- ARIZONA PROFESSIONAL LIMITED LIABILITY COMPANY (A.R.S. §25-411.01)

1. The name of the organization:

A. LLC Name Reservation File Number (if one has been obtained). If not, leave this line blank.

B. Redbridge Enterprise LLC
Limited Liability Company Name

2. Known place of business in Arizona or address in the name of the street address of the statutory agent, with "name as statutory agent". DO NOT LEAVE THIS SECTION BLANK.

Address 12718 E. Garota St.

City Dosey State Arizona Zip 85327

3. The name and street address of the statutory agent in Arizona

Name Alpha Legal Forms & More, Inc.

Address 4800 E. Speedway Blvd, Suite 51

City Tucson State AZ Zip 85712

Acceptance of Appointment by Statutory Agent:

I Alpha Legal Forms & More, Inc. having been designated to act as
(Print Name of the Statutory Agent)

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

Agent Signature: *Karanth Gurteen*

Alpha Legal Forms & More, Inc.

By: Karanth Gurteen, President

If signing on behalf of a company, please print the company name here.

LL-0084
Rev. 08/2006

Page 3 of 4

Arizona Corporation Commission
Corporations Division

DO NOT FURNISH THIS SECTION
4. Only required for professional liability company.
 The purpose must state the professional service or services that the company is organized to perform. Professional service is defined as a service that may be legally restricted only by a person licensed to provide the service.

5. The date, if any, on which the Company must dissolve.
 If a dissolution date should include the month, day and year.
6. Management structure.

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

8A. If reserved to the member(s), check the member's name and provide the name(s) and address (es) of each member. NOTE: If reserved to the member(s) you cannot fill any manager.

8B. If vested in manager(s) check the manager's name and provide the name(s) and address (es) of each manager and each member who owns a majority (51%) of the capital or profits of the LLC PLLC.

The names (s) appearing in documents need not be a manager or member of the company.

4. Purpose of this (Professional) Limited Liability Company is to provide the following (professional) service(s): (Only required for a Professional LLC Company)

5. Dissolution: The latest date of Dissolution

The latest date to dissolve ___/___/___ (Please enter month, day and four digit year)
 The Limited Liability Company is Perpetual

6. Management Structure: (Check one box only) A.R.S. §29-532(f)

A. RESERVED TO THE MEMBER(S)
IF RESERVED TO THE MEMBERS, YOU MUST SELECT ONLY THE MEMBER BOX FOR EACH MEMBER LISTED.

B. VESTED IN MANAGER(S)
IF VESTED IN THE MANAGERS, AT LEAST ONE ENTRY BELOW MUST HAVE THE MANAGER BOX CHECKED.

Name <u>Trevie Boldridge</u>	Name _____
<input checked="" type="checkbox"/> Member <input type="checkbox"/> Manager (only if "M" is selected above)	<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "M" is selected above)
Address: <u>5711 N. Gentry St.</u>	Address: _____
City, <u>Dewey</u> State, <u>Arizona</u> Zip: <u>85527</u>	City, _____ State, _____ Zip: _____
Name _____	Name _____
<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "M" is selected above)	<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "M" is selected above)
Address: _____	Address: _____
City, _____ State, _____ Zip: _____	City, _____ State, _____ Zip: _____

IF YOU HAVE MORE SPACES THAN LISTED ABOVE, ADDITIONAL PLACES ATTACH IN ADDITIONAL PAGES TO THE ARTICLES OF ORGANIZATION.

Executed this 25 day of December 2008

Executed by: [Signature] Print Name: Karla Figueroa
 LegalZoom.com, Inc. is the corporation, Organizer
 by: Karla Figueroa, Assistant Secretary
 If signing on behalf of a company, please print the company name here.

Phone Number: (520) 682-8880 X. 528 Fax Number: (520) 682-6300

802-477

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934

(602) 542-5141

QUESTIONNAIRE

AC
62339

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 DLCC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLCC. 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 #

06130028

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

(If the location is currently licensed)

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

2. Name: Baldrige Travis Wade Date of Birth [REDACTED]
 Last First Middle (NOT a public record)

3. Social Security Number [REDACTED] Drivers License # [REDACTED] State: Arizona
 (NOT a public record) (NOT a public record)

4. Place of Birth: Phoenix AZ USA Height: 61 Weight: 249 Eyes: Br Hair: Br
 City State Country (not county)

5. Marital Status Single Married Divorced Widowed Daytime Contact Phone: 928-772-0611

6. Name of Current or Most Recent Spouse: Baldrige Coreen J 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: [REDACTED]

8. Telephone number to contact you during business hours for any questions regarding this document. 928-830-1481

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: ~~Y-Not Lounge~~ Royal T Sports Hall Premises Phone: 928-772-6300

11. Physical Location of Licensed Premises Address: 8450 E. Highway 69 Prescott Valley Yavapai 86312
 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)
10/24/09	CURRENT	unemployed	unemployed 12716 E. Garcia St. Dewey AZ 86327
5/05	10/09	owner	Corvis Distribution, LLC 9551 E. Longhorn # A Prescott Valley, AZ 86314
5/02	5/05	Apartment Manager	Zook Family Investments 2950 W. Grand Ave San Diego, CA 92109

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION 12 OR 13

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

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address	City	State	Zip
5/09	CURRENT	OWN	12716 E. Garcia St.	Dewey	AZ	86327
5/05	5/09	N/A	5101 S. Senator Highway	Prescott	AZ	86303
5/02	5/05	N/A	2950 W. Grand Ave	San Diego	CA	92109

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? 12 hrs, 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) YES NO
 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 detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, 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

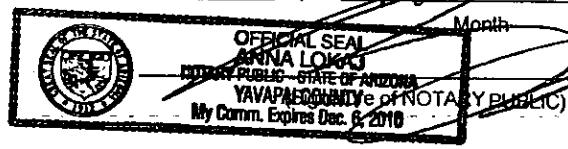
20. I, Travis Wade Baldrige, hereby declare that I am the APPLICANT/REPRESENTATIVE
 (print full name of Applicant)
 filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X [Signature]
 (Signature of Applicant)

State of Arizona County of Yavapai

The foregoing instrument was acknowledged before me this 1st day of March, 2010
 Month Year

My commission expires on: 12 06 2010
 Day Month Year



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

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

_____ day of _____
 Month Year

 Print Name

 (Signature of NOTARY PUBLIC)

My commission expires on: _____
 Day Month Year



ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS Professional License and Commercial License Department of Liquor Licenses and Control

Liquor License #: 06130028

Ownership Name: Baldrige Enterprises, LLC (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) Travis Baldrige DATE 2-24-10 TYPE OF APPLICATION (check one) [X] INITIAL APPLICATION [] RENEWAL TYPE OF LICENSE Series # 6 Bar

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) [X] Yes [] No B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country. City Phoenix State (or equivalent) Arizona Country or Territory USA

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.

 member

APPLICANT'S SIGNATURE

2-24-10

TODAY'S DATE

00748430 047 2 354 074

IMPORTANT DOCUMENT. THIS BIRTH CERTIFICATION IS VALUABLE. PROTECT IT.

This computer-generated certification of birth is an official document issued by the Arizona Department of Health Services. It may be used for school registration; passport applications; Social Security purposes; driver's license, etc.

Inquiries regarding vital records should be sent to: Vital Records Section,
P.O. Box 3887,
Phoenix, Arizona 85030.

STATE OF ARIZONA

**DEPARTMENT OF
HEALTH SERVICES
VITAL RECORDS SECTION**

NAME TRAVIS WADE BALDRIDGE

DATE OF BIRTH [REDACTED] SEX MALE

COUNTY OF BIRTH MARICOPA ARIZONA

DATE REGISTERED APRIL 02, 1976 STATE FILE NO. 76-08244

DATE ISSUED SEPTEMBER 21, 1982

STATE OF ARIZONA }
COUNTY OF MARICOPA }⁵⁵

This is a true certification of name and birth facts on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

JAMES E. SARN, M.D., M.P.H., Director
Department of Health Services
State Registrar

Alfonso Bravo
ALFONSO BRAVO
Assistant State Registrar

This copy not valid unless prepared on engraved form displaying state seal in color and impressed with raised seal of issuing agency.

CERTIFICATION OF BIRTH

2011-01-14 10:00

34957

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

CERTIFICATE OF TITLE 4 TRAINING COMPLETION

Do Not Duplicate This Form

Certificates must be completed by a state-approved training course provider, in black ink, on an original form.

Travis Wade Baldridge
Full Name (please print)

[Signature]
Signature

2-11-10
Training Completion Date

Type of Training Completed (check Yes or No)

<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 checked="" type="checkbox"/> No	OTHER

Certificate Expiration Date
(MANAGEMENT - 5 years from completion date)
(BASIC - 3 years from completion date)

If Trainee Is Employed By A Licensee

Name of Licensee

Royal "T" Sports Hall
Business Name

Liquor License #

Alcohol Training Program Provider Information

ARIZONA BUSINESS COUNCIL FOR ALCOHOL EDUCATION

Company or Individual Name (please print)

77 EAST COLUMBUS AVENUE, SUITE 102

Address

Phoenix
City

AZ
State

85012
Zip

(602) 285-1396
Daytime Contact Phone #

I certify the above named individual has successfully completed the training specified above in accordance with Arizona Revised Statute, Arizona Administrative Code, and the training course curriculum approved by the Department of Liquor Licenses and Control:

JESUS ALTAMIRANO

Name of Trainer (please print)

[Signature]
Trainer Signature

2/11/10
Date

Pursuant to A.R.S. § 4-112(G)(2), mandatory Title 4 liquor law training is required prior to the issuance of all new liquor license applications submitted after November 1, 1997.

The persons(s) required to attend both the BASIC and MANAGEMENT Title 4 liquor law training, on- or off-sale, will include all of the following:

- Owner(s)
- Licensee/agent or manager(s) actively involved in daily business operation

A valid (not expired) Certificate of Title 4 Training Completion must be submitted to the Department of Liquor Licenses and Control before a liquor license application is considered complete.

Before acceptance of a manager's questionnaire and/or agent change for an existing liquor license, proof of attendance for the BASIC and MANAGEMENT Title 4 liquor law training (on- or off-sale) is required.

802-477

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

QUESTIONNAIRE

AC 10/23/10

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.

Liquor License #

06130028

(If the location is currently licensed)

The fees allowed by A.R.S. § 44-8652 will be charged for all dishonored checks.

1. Check appropriate box: Controlling Person, Agent, Manager (Only). (Complete All Questions except # 14, 14a & 21)

2. Name: Baldrige Coreen Jeanette. Date of Birth: [redacted]

3. Social Security Number: [redacted] Drivers License: [redacted] State: Arizona

4. Place of Birth: Orange California USA. Height: 5'7" Weight: 215 Eyes: Blue Hair: Blonde

5. Marital Status: Married. Daytime Contact Phone: 928-772-0611

6. Name of Current or Most Recent Spouse: Baldrige Travis Wade. Date of Birth: [redacted]

7. You are a bona fide resident of what state? Arizona. If Arizona, date of residency: 2000

8. Telephone number to contact you during business hours for any questions regarding this document. 928-830-1480

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: Not Lounge Royal T Sports Hall. Premises Phone: 928-772-0300

11. Physical Location of Licensed Premises Address: 8450 E. Highway 69. Prescott Valley, Yavapai, 86312

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.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYER'S NAME OR NAME OF BUSINESS. Rows include: 1/10 CURRENT unemployed; 4/09 1/10 project manager; 5/05 10/09 owner.

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION 12 OR 13

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

Table with 7 columns: FROM Month/Year, TO Month/Year, Rent or Own, RESIDENCE Street Address, City, State, Zip. Rows include: 5/09 CURRENT own 12716 E. Garcia St. Dewey AZ 86327; 5/05 5/09 N/A 5101 S Senator Hwy. Prescott AZ 86303; 5/02 5/05 N/A 2950 W. Grand Ave. San Diego CA 92109

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? _____, 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) YES NO
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 detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, 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, Coreen Jeanette Baldrige, 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 Coreen J. Baldrige
(Signature of Applicant)

State of Arizona County of Yavapai

The foregoing instrument was acknowledged before me this 1st day of March, 2010
Month Year

My commission expires on: 12 06 2010
Day Month Year



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

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

_____ day of _____
Month Year

Print Name

(Signature of NOTARY PUBLIC)

My commission expires on: _____
Day Month Year

M
34959

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

CERTIFICATE OF TITLE 4 TRAINING COMPLETION

Do Not Duplicate This Form

Certificates must be completed by a state-approved training course provider, in black ink, on an original form.

Coreen Jeanette Baldrige
Full Name (please print)

Coreen Baldrige
Signature

2-11-10
Training Completion Date

Type of Training Completed (check Yes or No)

<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 checked="" type="checkbox"/> No	OTHER

Certificate Expiration Date
(MANAGEMENT - 5 years from completion date)
(BASIC - 3 years from completion date)

If Trainee Is Employed By A Licensee

Royal "T" Sports Hall
Business Name

Name of Licensee

Liquor License #

Alcohol Training Program Provider Information

ARIZONA BUSINESS COUNCIL FOR ALCOHOL EDUCATION

Company or Individual Name (please print)

77 EAST COLUMBUS AVENUE, SUITE 102
Address

Address

Phoenix
City

AZ
State

85012
Zip

(602) 285-1396
Daytime Contact Phone #

I certify the above named individual has successfully completed the training specified above in accordance with Arizona Revised Statute, Arizona Administrative Code, and the training course curriculum approved by the Department of Liquor Licenses and Control:

JESUS ALTAMIRANO
Name of Trainer (please print)

Jesus Altamirano
Trainer Signature

2/11/10
Date

Pursuant to A.R.S. 4-112(G)(2), mandatory Title 4 liquor law training is required prior to the issuance of all new liquor license applications submitted after November 1, 1997.

The persons(s) required to attend both the BASIC and MANAGEMENT Title 4 liquor law training, on- or off-sale, will include all of the following:

- Owner(s)
- Licensee/agent or manager(s) actively involved in daily business operation

A valid (not expired) Certificate of Title 4 Training Completion must be submitted to the Department of Liquor Licenses and Control before a liquor license application is considered complete.

Before acceptance of a manager's questionnaire and/or agent change for an existing liquor license, proof of attendance for the BASIC and MANAGEMENT Title 4 liquor law training (on- or off-sale) is required.

802-477

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

QUESTIONNAIRE

AC 06/23/11

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 # 06130028 (If the location is currently licensed)

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

2. Name: Albers, Misty Kristine. Date of Birth: [Redacted]

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

4. Place of Birth: Jacksonville FL USA Height: 5-07 Weight: 125 Eyes: HZL Hair: Blonde

5. Marital Status: Married Daytime Contact Phone: 928-848-1779

6. Name of Current or Most Recent Spouse: Albers, Scott Andrew Date of Birth: [Redacted]

7. You are a bona fide resident of what state? Arizona If Arizona, date of residency: April 2008

8. Telephone number to contact you during business hours for any questions regarding this document. 928-848-1779

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: Royal T Sports Hall Premises Phone: 928-772-6300

11. Physical Location of Licensed Premises Address: 8450 E. Highway 69 Prescott Valley Yavapai 86312

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.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)

13. Indicate your residence address for the last five (5) years: Billy's Maintenance 4895 E. 84th St. Anchorage, AK 99515

Table with 7 columns: FROM Month/Year, TO Month/Year, Rent or Own, RESIDENCE Street Address, City, State, Zip

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? _____, 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 detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, 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, Misty K. Albers, hereby declare that I am the APPLICANT/REPRESENTATIVE filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

x Misty K. Albers (Signature of Applicant)

State of Arizona County of Yavapai

The foregoing instrument was acknowledged before me this 02 day of March, 2010

My commission expires on: 17 August 2012

Paul V. Solie (Signature of NOTARY PUBLIC) NOTARY PUBLIC - ARIZONA YAVAPAI COUNTY My Commission Expires August 17, 2012

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

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

_____ day of _____ Month Year

Print Name

(Signature of NOTARY PUBLIC)

My commission expires on: _____ Day Month Year

3-01-10

To whom it may concern,

I misty k. Albers was cited for driving under the influence on November, 11 2005. I was cited in the town of Prescott and appeared in the Prescott courts.

I followed and completed all necessary steps pertaining to the DUI and complied fully & completely with the city of Prescott.

If you have any questions regarding this matter, please contact me at 928-848-1779.

Thankyou,

misty k Albers

misty k. Albers

REC'D - CIVIL RIGHTS DIVISION

34958

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

CERTIFICATE OF TITLE 4 TRAINING COMPLETION

Do Not Duplicate This Form

Certificates must be completed by a state-approved training course provider, in black ink, on an original form.

Misty Kristine Albers
Full Name (please print)

Misty K. Albers
Signature

2/11/10
Training Completion Date

Type of Training Completed (check Yes or No)

<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 checked="" type="checkbox"/> No	OTHER

Certificate Expiration Date
(MANAGEMENT - 5 years from completion date)
(BASIC - 3 years from completion date)

If Trainee Is Employed By A Licensee

Royal T Sports Hall
Name of Licensee Business Name

Liquor License #

Alcohol Training Program Provider Information

ARIZONA BUSINESS COUNCIL FOR ALCOHOL EDUCATION

Company or Individual Name (please print)

77 EAST COLUMBUS AVENUE, SUITE 102

Address

Phoenix
City

AZ
State

85012
Zip

(602) 285-1396
Daytime Contact Phone #

I certify the above named individual has successfully completed the training specified above in accordance with Arizona Revised Statute, Arizona Administrative Code, and the training course curriculum approved by the Department of Liquor Licenses and Control:

JESUS ALTAMIRANO

Name of Trainer (please print)

Jesus Altamirano
Trainer Signature

2/11/10
Date

Pursuant to A.R.S. § 4-112(G)(2), mandatory Title 4 liquor law training is required prior to the issuance of all new liquor license applications submitted after November 1, 1997.

The persons(s) required to attend both the BASIC and MANAGEMENT Title 4 liquor law training, on- or off-sale, will include all of the following:

- Owner(s)
- Licensee/agent or manager(s) actively involved in daily business operation

A valid (not expired) Certificate of Title 4 Training Completion must be submitted to the Department of Liquor Licenses and Control before a liquor license application is considered complete.

Before acceptance of a manager's questionnaire and/or agent change for an existing liquor license, proof of attendance for the BASIC and MANAGEMENT Title 4 liquor law training (on- or off-sale) is required.