

Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor
Phoenix, Arizona 85007
www.azliquor.gov
602-542-5141

APPLICATION FOR LIQUOR LICENSE TYPE OR PRINT WITH BLACK INK

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

SECTION 1 This application is for a:

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

SECTION 2 Type of ownership:

- J.T.W.R.O.S. *Complete Section 6*
- INDIVIDUAL *Complete Section 6*
- PARTNERSHIP *Complete Section 6*
- CORPORATION *Complete Section 7*
- LIMITED LIABILITY CO. *Complete Section 7*
- CLUB *Complete Section 8*
- GOVERNMENT *Complete Section 10*
- TRUST *Complete Section 6*
- OTHER (Explain) _____

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

1. Type of License(s): _____

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. Lowe Thomas John
(Insert one name ONLY to appear on license) Last First Middle

2. Corp./Partnership/L.L.C.: _____
(Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: _____
(Exactly as it appears on the exterior of premises)

4. Principal Street Location _____
(Do not use PO Box Number) City County Zip

5. Business Phone: _____ Daytime Contact

6. Is the business located within the incorporated limits of the above city or town? YES NO

7. Mailing Address: _____ City State Zip

8. Price paid for license only bar, beer and wine, or liquor store: Type \$ _____ Type \$ _____

AMENDMENT

DEPARTMENT USE ONLY

Fees:	<u>100.00</u>	<u>100.00</u>	_____	_____	<u>24.00</u>	_____
	Application	Interim Permit	Agent Change	Club	Finger Prints \$	<u>224.00</u>
						TOTAL OF ALL FEES

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

Accepted by: Am Date: 7/26/2011 Lic. # 06130041

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APPLICATION FOR LIQUOR LICENSE
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- LOCATION TRANSFER (Bars and Liquor Stores ONLY) *Complete Sections 2, 3, 4, 12, 13, 15, 16*
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- GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

SECTION 2 Type of ownership:

- J.T.W.R.O.S. *Complete Section 6*
- INDIVIDUAL *Complete Section 6*
- PARTNERSHIP *Complete Section 6*
- CORPORATION *Complete Section 7*
- LIMITED LIABILITY CO. *Complete Section 7*
- CLUB *Complete Section 8*
- GOVERNMENT *Complete Section 10*
- TRUST *Complete Section 6*
- OTHER (Explain) _____

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

1. Type of License(s): BAR 06
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. THOMAS LOWE JOAN
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: UNIVEST - STONERIDGE GOLF, LLC
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: STONERIDGE GOLF COURSE
(Exactly as it appears on the exterior of premises)
4. Principal Street Location: 1601 N. BLUFF TOP RD. PRESCOTT VALLEY, AZ 86314
(Do not use PO Box Number) City County Zip
5. Business Phone: 928-775-9140 Daytime Contact: TOM LOWE 480-421-6708
6. Is the business located within the incorporated limits of the above city or town? YES NO
7. Mailing Address: 4900 N. SCOTTSDALE RD #1000 SCOTTSDALE, AZ 8525
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type 06 \$ 1000⁰⁰ Type _____ \$ _____

DEPARTMENT USE ONLY

Fees: 100.00 100.00 _____ 24.00
Application Interim Permit Agent Change Club Finger Prints \$ 224.00
TOTAL OF ALL FEES

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

Accepted by: Am Date: 8/26/2011 Lic. # 0601306130041

SECTION 5 Interim Permit:

*11 AUG 26 Lic. Lic. AM1117

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

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

I, Tom Lowe / UNIVEST-STONERIDGE GOLF, LLC, 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 _____ County of _____
The foregoing instrument was acknowledged before me this _____ day of _____, _____ Year

My commission expires on: _____

SEE ATTACHED BILL OF SALE

(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"/>						

(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#

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. 11 AUG 25 10:49 AM '11

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.: UNIVEST-STONERIDGE GOLF, LLC
 (Exactly as it appears on Articles of Incorporation or Articles of Organization)

2. Date Incorporated/Organized: 8/18/11 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: L17008197 Date authorized to do business in AZ: 8/18/11

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
LOWE	THOMAS	JOHN	MANAGER	UNIVEST	
			MEMBER	4900 N. SCOTTSDALE RD	
				SUITE 1000	
				SCOTTSDALE, AZ	85251

(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
LOWE	Tom	JOHN	100	SAME AS ABOVE	
				4900 N SCOTTSDALE RD	
				SUITE 1000	
				SCOTTSDALE, AZ	85251

(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:

44 AUG 26 Lic. Lic. #1118

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. If more than one license to be transferred: License Type: _____ License Number: _____
7. Current Mailing Address: Street _____
(Other than business) City, State, Zip _____
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? YES NO
9. Does the applicant intend to operate the business while this application is pending? YES NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

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

(Signature of CURRENT LICENSEE)

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

Day Month Year

My commission expires on: _____

(Signature of NOTARY PUBLIC)

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. If more than one license to be transferred: License Type: _____ License Number: _____
7. Current Mailing Address: Street _____
(Other than business) City, State, Zip _____
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? YES NO
9. Does the applicant intend to operate the business while this application is pending? YES NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

10. I, THOMAS ALAN PATRICK 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.

AMENDMENT

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.

(Signature of CURRENT LICENSEE) State of _____ County of _____

The foregoing instrument was acknowledged before me this

Day Month Year

(Signature of NOTARY PUBLIC)

My commission expires on: _____

See Dill of sale⁴

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License § 26 Ariz. Lic. Act

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: PATRICK THOMAS ALAN Entity: AGENT
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: SunCor Golf Inc.
(Exactly as it appears on license)
3. Current Business Name: Stone Ridge Golf Course
(Exactly as it appears on license)
4. Physical Street Location of Business: Street 1601 N Bluff Top Road
City, State, Zip Prescott Valley, AZ 86314
5. License Type: BAR License Number: 06130041
6. If more than one license to be transferred: License Type: _____ License Number: _____
7. Current Mailing Address: Street 80 E. Rio Salado Pkwy #410
(Other than business) City, State, Zip Tempe AZ 85281
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? YES NO
9. Does the applicant intend to operate the business while this application is pending? YES NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

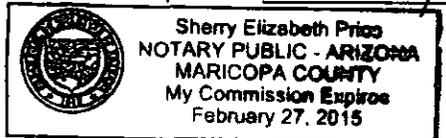
10. I, James Robert Hatfield, hereby authorize the department to process this application to transfer the privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, James Robert Hatfield, 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.

James R Hatfield
(Signature of CURRENT LICENSEE)

State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this 22 Day August 2011 Year

My commission expires on: February 27, 2015



Sherry Elizabeth Price
(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

11 AUG 25 10:41 AM '10

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

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

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

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

1. Distance to nearest school: 2.5 MILES ft. Name of school LAKE VALLEY ELEMENTARY
Address 3900 N STARLIGHT RD. PV, AZ 86314
City, State, Zip
2. Distance to nearest church: 2.5 MILES ft. Name of church 1ST UNITED PENTECOSTAL CHURCH
Address 2820 MOUNTAIN VIEW DR, PV, AZ 86314
City, State, Zip
3. I am the: Lessee Sublessee Owner Purchaser (of premises)
4. If the premises is leased give lessors: Name _____
Address _____
City, State, Zip
- 4a. Monthly rental/lease rate \$ _____ What is the remaining length of the lease ___ yrs. ___ mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ _____ or other _____
(give details - attach additional sheet if necessary)
5. What is the total business indebtedness for this license/location excluding the lease? \$ 0
Please list debtors below if applicable.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

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 # 06/30041 (exactly as it appears on license) Name THOMAS ALAN PATRICK

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 spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

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

TL
applicants initials

SECTION 15 Diagram of Premises

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

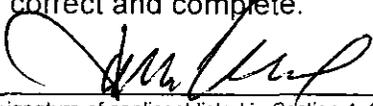
If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

SEE ATTACHED

41 AUG 26 11:49 AM 2011

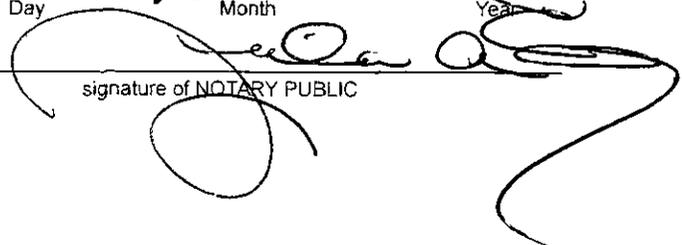
SECTION 16 Signature Block

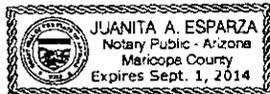
I, THOMAS JOHN LOWE, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

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

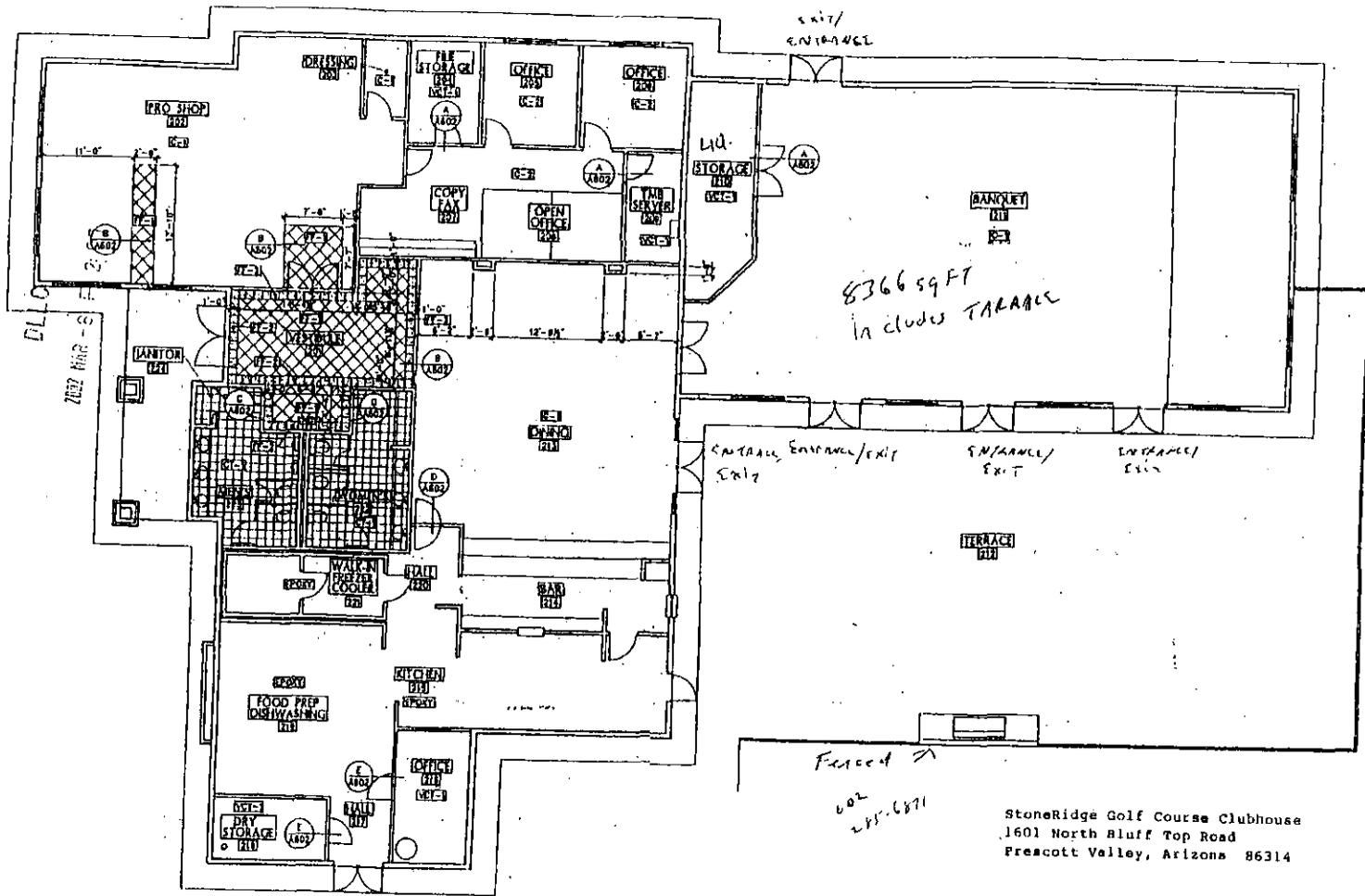
State of ARIZONA County of MARICOPA

The foregoing instrument was acknowledged before me this 25 of AUGUST 2011


signature of NOTARY PUBLIC

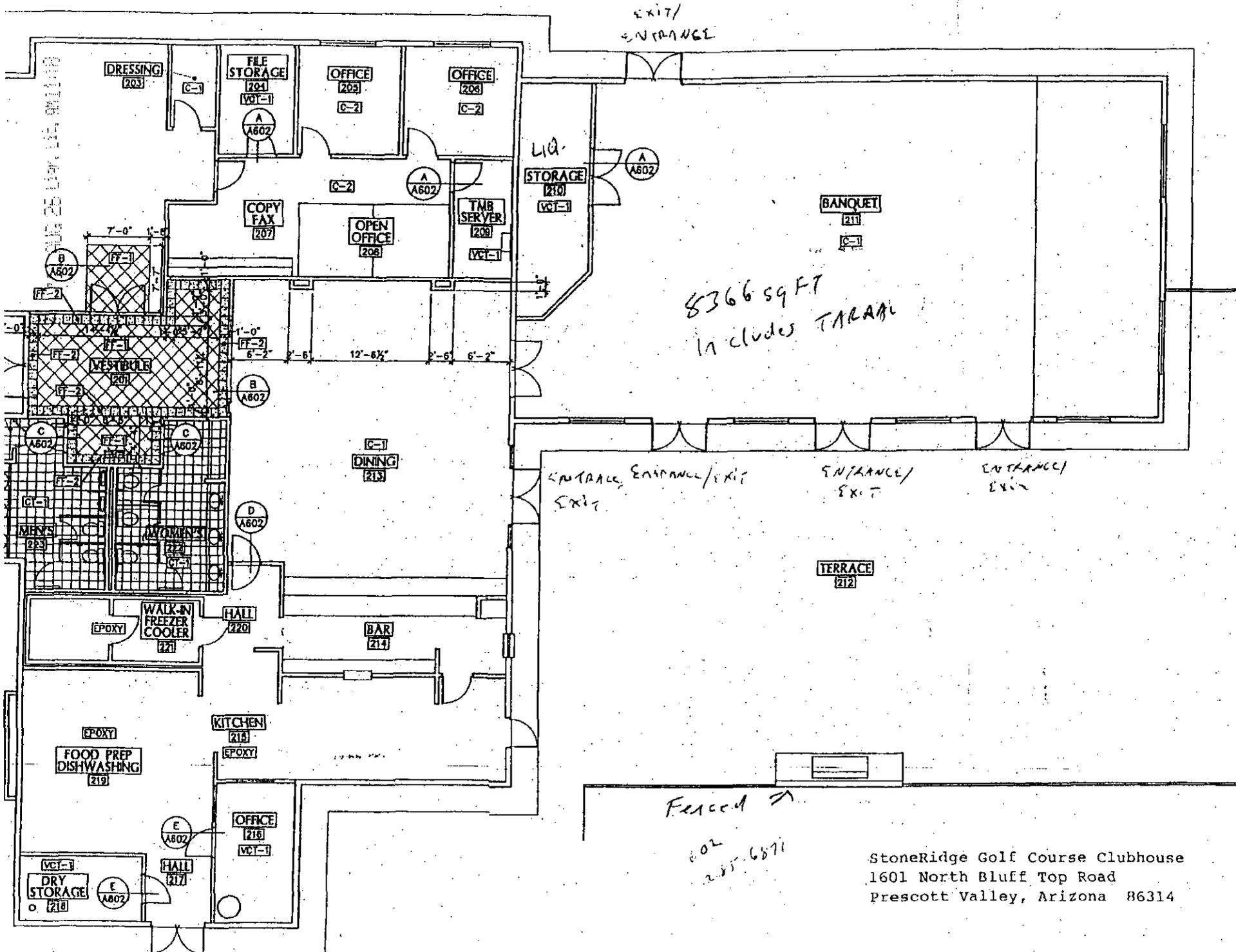


My commission expires on : _____
Day Month Year



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

202 445-6871
 11/15/07



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

RECEIVED
AUG 18 2011
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

ARTICLES OF ORGANIZATION
OF
UNIVEST-STONERIDGE GOLF, LLC

Pursuant to A.R.S. § 29-632, the undersigned files these original Articles of Organization and states as follows:

- 1. Name. The name of this limited liability company is:

UNIVEST-STONERIDGE GOLF, LLC

- 2. Registered Office: The address of the registered office required to be maintained by A.R.S. § 29-604 is:

4900 N. Scottsdale Road
Suite 1000
Scottsdale, Arizona 85251

- 4. Statutory Agent. The name and business address of the agent for service of process required to be maintained by A.R.S. § 29-604 are:

Jack N. Ross II, P.C.
10611 N. Hayden Road
Suite D-105
Scottsdale, Arizona 85260

- 5. Members. There are two or more members of the limited liability company.

- 6. Duration. The duration of the Company shall be perpetual, or until dissolved pursuant to the Operating Agreement.

- 7. Management. Management of the limited liability company is vested in a manager, whose name and address is:

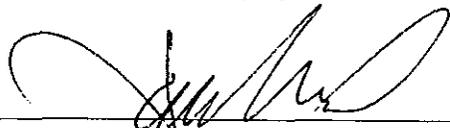
Thomas J. Lowe
4900 N. Scottsdale Road
Suite 1000
Scottsdale, Arizona 85251

- 8. The names and addresses of each member who owns a twenty percent or greater interest in the capital or profits of the limited liability company are:

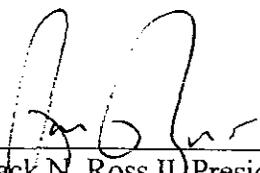
TJ & KM Holdings, LLC
4900 N. Scottsdale Road
Suite 1000
Scottsdale, Arizona 85251

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as of August 18, 2011.

MANAGER: Thomas J. Lowe

By: 
Thomas J. Lowe
Its: Manager

Acceptance of Appointment as Statutory Agent

By: 
Jack N. Ross II, President
Jack N. Ross II, P.C.

**ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION COVER SHEET**

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

ARE YOU FILING: New Entity Change to existing entity Re-submission/Correction

PLEASE COMPLETE ALL APPROPRIATE SECTIONS

Type in Corp/LLC Name: Univest-Stoneridge Golf, LLC

FILING TYPE	REGULAR SERVICE FEE	EXPEDITED SERVICE FEE
<input type="checkbox"/> Articles of Domestication	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$135.00
<input type="checkbox"/> Articles of Incorporation (Profit)	<input type="checkbox"/> \$ 60.00	<input type="checkbox"/> \$ 95.00
<input type="checkbox"/> Articles of Incorporation (Non Profit)	<input type="checkbox"/> \$ 40.00	<input type="checkbox"/> \$ 75.00
<input type="checkbox"/> Articles of Organization (Limited Liability Company)	<input type="checkbox"/> \$ 50.00	<input type="checkbox"/> \$ 85.00
<input type="checkbox"/> Application For Authority (Business)	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application to Conduct Affairs (Non Profit)	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application for New Authority	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application for Registration	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$185.00
<input type="checkbox"/> Articles of Amendment	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Amendment & Restatement	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Correction	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Merger/Share Exchange	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$135.00
<input type="checkbox"/> Articles of Merger (Limited Liability Company)	<input type="checkbox"/> \$ 50.00	<input type="checkbox"/> \$ 85.00
<input type="checkbox"/> Affidavit of Publication	<input type="checkbox"/> \$ 0.00	<input type="checkbox"/> \$ 35.00
<input type="checkbox"/> CORPORATIONS -Certified Copies* <small>*If copies are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$5.00 Each () (Enter Quantity)	<input type="checkbox"/> \$40.00 () (Enter Quantity)
<input type="checkbox"/> LLCs - Certified Copies* <small>*If copies are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$10.00 Each () (Enter Quantity)	<input type="checkbox"/> \$45.00 () (Enter Quantity)
<input type="checkbox"/> Good Standing Certificate* <small>*If Good Standing Certificates are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$10.00 Each () (Enter Quantity)	<input type="checkbox"/> \$45.00 () (Enter Quantity)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Regular Fee	<input type="checkbox"/> Expedite Fee

SELECT PAYMENT TYPE:

DO NOT WRITE YOUR CREDIT CARD NUMBER ON THIS FORM!

- Check Check # _____ Check Amount \$ _____
- M.O.D. Account MOD Acct # _____ Mod Amount \$ _____
- Cash -- for in-person filings only (Do not send cash in the mail.) Cash Amount \$ _____
- Credit Card -- for in-person filings only CC Amount \$ _____
- No fee required

SELECT ONE RETURN DELIVERY OPTION: Mail Pick Up Fax # ()

REQUIRED: Please list the person or company who will be picking up the completed documents.

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY TWO WEEKS).

Person or Company Name: Thomas J. Lowe Phone Number: 480-421-6700

Address: _____

4900 N. Scottsdale Road, Suite 1000

City: Scottsdale State: AZ Zip: 85251

PICK-UP BY: _____ **FOR ARIZONA CORPORATION COMMISSION USE ONLY** **DATE:** _____

View current process times at: www.azcc.gov/Divisions/Corporations

RECEIVED

AUG 25 2011

11 AUG 25 11:47 AM 1109

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

AMENDED ARTICLES OF ORGANIZATION
OF
UNIVEST-STONERIDGE GOLF, LLC

Pursuant to A.R.S. § 29-633, the undersigned files these Amended Articles of Organization and states as follows:

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

UNIVEST-STONERIDGE GOLF, LLC

2. Registered Office: The address of the registered office required to be maintained by A.R.S. § 29-604 is:

4900 N. Scottsdale Road
Suite 1000
Scottsdale, Arizona 85251

4. Statutory Agent. The name and business address of the agent for service of process required to be maintained by A.R.S. § 29-604 are:

Jack N. Ross II, P.C.
10611 N. Hayden Road
Suite D-105
Scottsdale, Arizona 85260

5. Members. There are two or more members of the limited liability company.

6. Duration. The duration of the Company shall be perpetual, or until dissolved pursuant to the Operating Agreement.

7. Management. Management of the limited liability company is vested in a manager, whose name and address is:

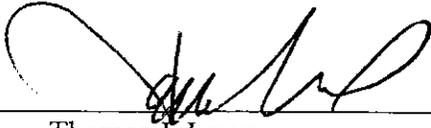
Thomas J. Lowe
4900 N. Scottsdale Road
Suite 1000
Scottsdale, Arizona 85251

8. The names and addresses of each member who owns a twenty percent or greater interest in the capital or profits of the limited liability company are:

Thomas J. Lowe
4900 N. Scottsdale Road
Suite 1000
Scottsdale, Arizona 85251

IN WITNESS WHEREOF, the undersigned has executed these Amended Articles of Organization as of August 24, 2011.

MANAGER: Thomas J. Lowe

By: 

Thomas J. Lowe
Its: Manager

Acceptance of Appointment as Statutory Agent

By: 

Jack N. Ross II, President
Jack N. Ross II, P.C.

11 AUG 28 11:49 AM '09

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

802,710
P1065552

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

06130041

(If the location is currently licensed)

1. Check appropriate box →

<input 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) (Complete All Questions except # 14, 14a & 21) Controlling Person or Agent must complete # 21
---	---	---

2. Name: LOWE THOMAS JOHN Date of Birth: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of Birth: PAIX AZ USA Height 6' Weight 210 Eyes: BN Hair: BN
City State Country (not county)

5. Marital Status Single Married Divorced Widowed Daytime Contact Phone: 480-421-6708

6. Name of Current or Most Recent Spouse: LOWE KAREN MCGRADY 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? AZ If Arizona, date of residency: 1959

8. Telephone number to contact you during business hours for any questions regarding this document. 480-421-6708

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: STONE RIDGE GOLF COURSE Premises Phone: 928-775-9140

11. Physical Location of Licensed Premises Address: 1601 N. BLUFF TOP RD. PRESCOTT VALLEY, AZ YAVAPAI
Street Address (Do not use PO Box #) City County Zip 86314

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)
7/1989	CURRENT	OWNER	UNIVEST 4900 N. SCOTTSDALE RD. #1000 SCOTTSDALE, AZ 85251

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	RESIDENCE Street Address (If rented, attach additional sheet with name, address and phone number of landlord)	City	State	Zip
7/1994	CURRENT	OWN	8303 N. SCOTTSDALE RD 75TH ST	SCOTTSDALE	AZ	85258

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

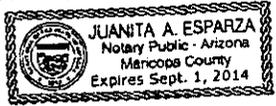
14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, how many hrs/day? 1/Day and answer #14a below. YES NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
If the 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. 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 attach a signed statement giving complete details including dates, agencies involved, and dispositions.
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

THOMAS JOHN LOWE hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filling 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 MARICOPA



The foregoing instrument was acknowledged before me this
25 day of August, 2011
Month Year
[Signature]
(Signature of NOTARY PUBLIC)

My commission expires on: _____
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
____ day of _____
Month Year

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

Print Name

(Signature of NOTARY PUBLIC)

My commission expires on: _____
Day Month Year

8/25/11

TO: AND BE LEFT BEHIND

WE/I OWN MILLIONS OF

SQUARE FEET OF REAL ESTATE

AND GET SUED FAIRLY

REGULARLY FOR SLIP & FALLS

& A HOST OF OTHER

ACCUSATIONS. I HAVE NEVER

HAD A JUDGMENT AGAINST

ME FOR THESE TYPE OF

THINGS.

Wm



ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS

Professional License and Commercial License Department of Liquor Licenses and Control

Liquor License #: 06130041

Ownership Name: UNIVEST - STONERIDGE GOLF, 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.

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) THOMAS JOHN LOWE DATE 8/25/11

TYPE OF APPLICATION (check one) [X] INITIAL APPLICATION [] RENEWAL

TYPE OF LICENSE 06

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: passport

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 PDX State (or equivalent) AZ Country or Territory ~~MAR~~ 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

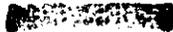
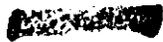
All applicants must complete this section. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.



APPLICANT'S SIGNATURE

8/25/11

TODAY'S DATE



BILL OF SALE

LIQUOR LICENSE (CLASS 6)

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, SUNCOR GOLF, INC. an Arizona corporation ("Seller"), hereby grants, sells and transfers to UNIVEST-STONERIDGE GOLF, LLC, an Arizona limited liability company, or its nominee, successors and assigns, all of its right, title and interest in and to that certain State of Arizona Department of Liquor Licenses and Control Alcoholic Beverage License (License No. 06130041) issued on May 21, 2002 to SunCor Golf, Inc., as Owner, and Thomas Alan Patrick, as Agent (the "License").

Seller warrants that it is the lawful owner of the License, that the License is free and clear of all claims, liens, or encumbrances, and that the undersigned is authorized to execute all documents necessary to effectuate the transfer of the License.

Dated this 19th day of August, 2011.

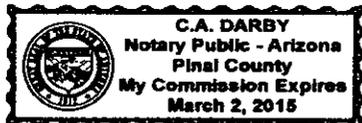
SELLER:

SUNCOR GOLF, INC.,
an Arizona corporation

By: Joseph F. Lapinsky
Name: Joseph F. Lapinsky
Its: President

STATE OF ARIZONA)
) ss.
County of Maricopa)

On this the 19th day of August, 2011, before me, a Notary Public in and for the State of Arizona, personally appeared Joseph F. Lapinsky, the President of SunCor Golf, Inc., an Arizona corporation, on behalf of the company.



[Signature]
Notary Public

My Commission Expires:

3/2/2011



Town of Prescott Valley Arizona

11 AUG 29 09:11 AM 1180

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

PRESCOTT VALLEY BUSINESS LICENSE

License for: ON SITE SALES BAR LL SERIES 6

Location: 1601 N BLUFF TOP DR PV
PRESCOTT VALLEY AZ 86314

Control Number: 0002319 License Number: 10-0000087

For Period: May 24, 2010 To: June 15, 2011

PLEASE POST IN A CONSPICUOUS PLACE
NOT TRANSFERABLE

Town Clerk
Town of Prescott Valley • 7501 E. Civic Circle • Prescott Valley, AZ 86314
Phone 928-759-3135 • Fax 928-759-5536