

12 FEB 17 Liq. Lic. PM 2 02

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) * 1912 * 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/DEGREE 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) 06130045

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

1. Type of License(s): #6 BAR LICENSE

06130045

2. Total fees attached:

Department Use Only \$ 2480

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. GRAUE DENNIS GRAUE Ms. Last First Middle

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

3. Business Name: JACKASS BAR + GRILL (Exactly as it appears on the exterior of premises)

4. Principal Street Location 8156 VALLEY RD PRESCOTT VALLEY YAVAPAI 86314 (Do not use PO Box Number) City County Zip

5. Business Phone: 928-775-2049 Daytime Contact: 928-420-5571

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

7. Mailing Address: P.O. Box 1767 Dewey AZ 86327 City State Zip

8. Price paid for license only bar, beer and wine, or liquor store: Type #6 \$ Type \$

DEPARTMENT USE ONLY

Fees: Application 100.00 Interim Permit 100.00 Agent Change Club Finger Prints \$ 480 TOTAL OF ALL FEES 2480

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

Accepted by: AC Date: 2/17/2012 Lic. # 06130045

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. 06130045
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, Louis DeBebian Moore III 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 _____ State of _____ County of _____
 (Signature) The foregoing instrument was acknowledged before me this _____ day of _____ Year
 My commission expires on: _____ Day Month Year

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"/>						
<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 06130045

Issue Date: 10/27/2011

Expiration Date: 8/31/2012

Issued To:

LOUIS DE BEBIAN MOORE, III, Agent
LHA LLC, Owner

Bar

Mailing Address:

LOUIS DE BEBIAN MOORE, III
LHA LLC
JACKASS BAR & GRILL
3423 N CHRISTINE DR
PRESCOTT VALLEY, AZ 86314

Location:

JACKASS BAR & GRILL
8156 E VALLEY RD
PRESCOTT VALLEY, AZ 86314



POST THIS LICENSE IN A CONSPICUOUS PLACE

Read & Approved:

Initial Initial Initial

08803204-JKB

Bill of Sale
(Personal Property or Goods)

Date:

January 17, 2012

County where Property is Located:

Yavapai

SELLER (Name):

LHA, LLC, An Arizona Limited Liability Company

BUYER (Name):

Graue Enterprises, Inc., an Arizona corporation

Address or Location of Property Sold:

8156 Valley Road Prescott Valley, AZ 86314

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

Business known as "Jackass Bar and Grill" together with all assets, including but not limited to all furniture, fixtures and equipment (including without limitation the equipment described in Exhibit "A" attached hereto and made a part hereof), Trade Name, inventory, covenant not to compete, tangible and intangible personal property.

Know all men by these presents:

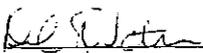
That Seller, for the consideration of Ten and no/100 Dollars and other valuable consideration, paid and delivered by Buyer, the receipt of which is acknowledged, does hereby sell, assign, convey, transfer and deliver to Buyer the above described property sold. Seller warrants that said goods and chattels 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.

LHA, LLC, An Arizona Limited Liability Company

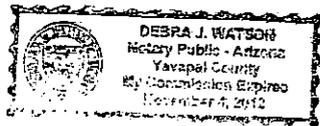

Louis Moore, Member

State of ARIZONA)
) ss
County of YAVAPAI)

The foregoing instrument was acknowledged before me this 17 day of January, 2012, by Louis Moore, Member of LHA, LLC, An Arizona Limited Liability Company


NOTARY PUBLIC

My commission expires: 11-9-2012



12 FEB 17 11:41 AM '12

Read & Approved:

Initial Initial Initial

08803204-JKB

Bill of Sale
(Personal Property or Goods)

Date: January 17, 2012	County where Property is Located: Yavapai
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SELLER (Name):
LHA, LLC, An Arizona Limited Liability Company

BUYER (Name):
Graue Enterprises, Inc., an Arizona corporation

Address or Location of Property Sold:
8156 Valley Road Prescott Valley, AZ 86314

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

Yavapai County, Arizona Bar License No. 06130045

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.

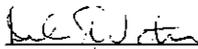
LHA, LLC, An Arizona Limited Liability Company



Louis Moore, Member

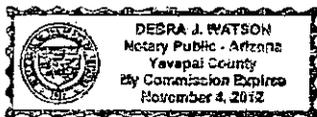
State of ARIZONA }
 } ss
County of YAVAPAI }

The foregoing instrument was acknowledged before me this 17 day of January, 2012, by Louis Moore, Member, LHA, LLC, An Arizona Limited Liability Company.



NOTARY PUBLIC

My commission expires: 11-4-2012



12 FEB 17 11:41 AM '12

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.: GRAUE ENTERPRISES, INC.
 (Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 1-13-06 State where Incorporated/Organized: AZ
3. AZ Corporation Commission File No.: 1256217-6 Date authorized to do business in AZ: 1-13-2006
4. AZ L.L.C. File No: _____ Date authorized to do business in AZ: _____
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
GRAUE	DENNIS	DUANE	PRES/ DIR.	P.O. BOX 1767 DEWEY	AZ 86327
GRAUE	LISA	JEANNINE	SEC/ DIR	P.O. BOX 1767 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
GRAUE	DENNIS	DUANE	50	P.O. BOX 1767 DEWEY, AZ.	86327
GRAUE	LISA	JEANNINE	50	P.O. BOX 1767 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)

FEB 17 10:01 AM '06

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

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

(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)

FEB 17 11:41 AM '23

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: MOORE (III) LOUIS DE BEBIAN Entity: AGENT
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: LHA, LLC
(Exactly as it appears on license)
3. Current Business Name: JACKASS BAR + GRILL
(Exactly as it appears on license)
4. Physical Street Location of Business: Street 8156 E. VALLEY RD
City, State, Zip PRESCOTT VALLEY AZ 86314
5. License Type: #6 BAR License Number: 06130045
6. If more than one license to be transferred: License Type: _____ License Number: _____
7. Current Mailing Address: Street 8156 E. VALLEY RD.
(Other than business) City, State, Zip PRESCOTT VALLEY, AZ 86314
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.

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10. I, LOUIS DE BEBIAN, III MOORE, 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, LOUIS DE BEBIAN, III MOORE 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

My commission expires on: _____ Day Month Year

(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 12 FEB 17 Lic. #M 2 23

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: 15 ft. Name of school ALL ABOUT KIDS (GRADES 7-12)
Address 8183 FLORENTINE RD. PRESCOTT VALLEY AZ 86304
City, State, Zip
2. Distance to nearest church: .6 mi. Name of church CHRIST EVANGELICAL LUTHERAN CHURCH
Address 3000 NAVADO DR. 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 HOLLIDAY DEVELOPMENT
Address 660 WEST ROAD SOUTH, SUITE E, PHOENIX VALLEY AZ
City, State, Zip 86323
- 4a. Monthly rental/lease rate \$ 3100 What is the remaining length of the lease 4 yrs. 2 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? \$ 0
Please list lenders you owe money to.

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)? #6 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 # 06130045 (exactly as it appears on license) Name LOUIS DEBEBIAN MOORE III

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.

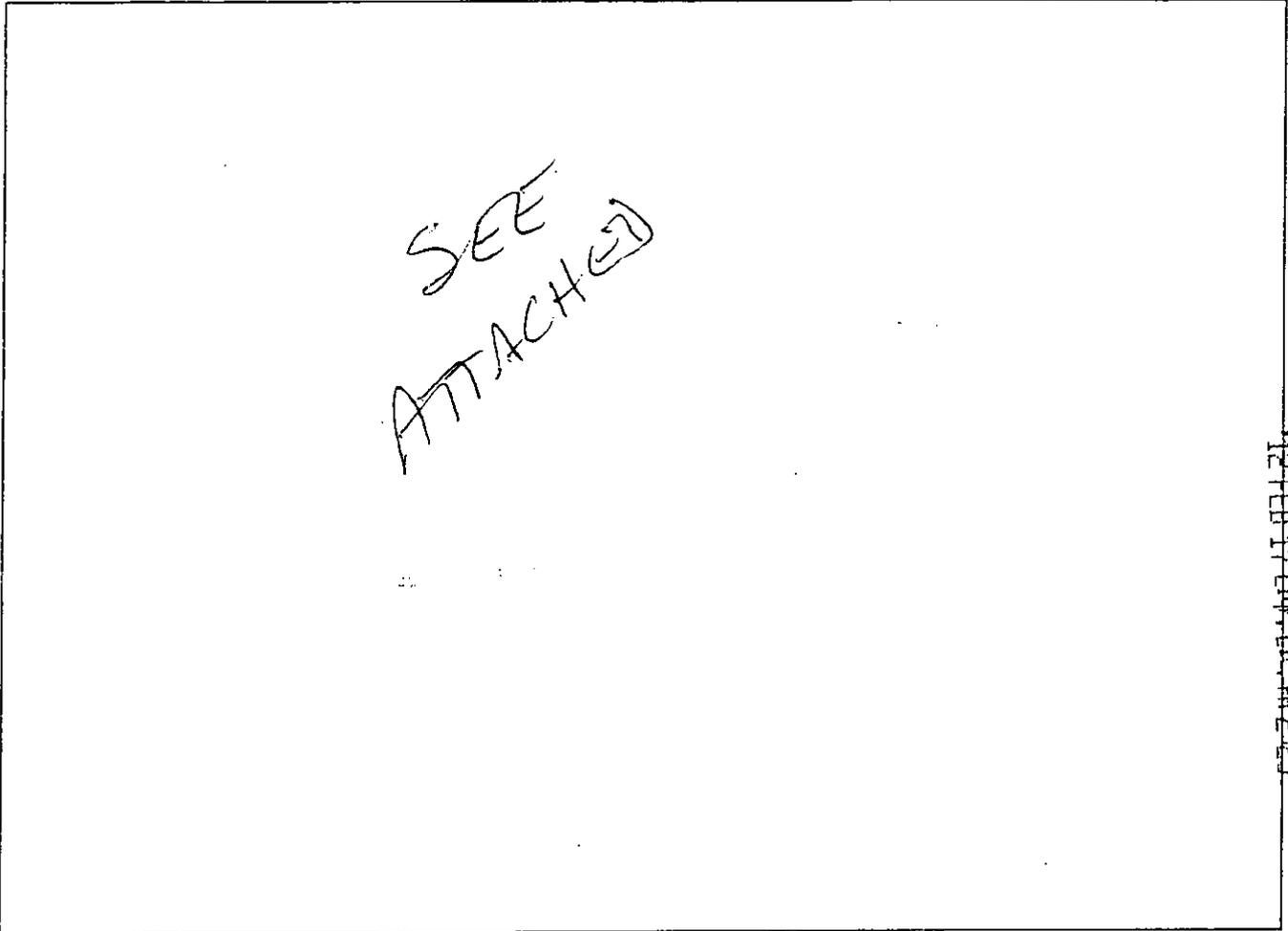
LD
applicants initials

12 FEB 17 14:16 PM '03

SECTION 15 Diagram of Premises

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

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



SECTION 16 Signature Block

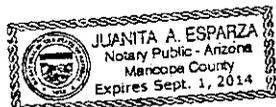
I, DENNIS D. GRAVE^{NAME}, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

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

State of ARIZONA County of MARICOPA

The foregoing instrument was acknowledged before me this 17 of FEBRUARY, 2012
Day Month Year

[Signature]
signature of NOTARY PUBLIC



My commission expires on : _____
Day Month Year

Liquor Storage

Stage

Concrete Slab

Storage Shed

Covered Patio

Liquor Storage

Kitchen

Shuffle Board

Bar

2500 FT²

Pool Table

Pool Table

Pool Table

Pool Table

12 FEB 17 11:49 AM '23

outside area

APR 15 11 51 AM '23

ENTRANCE

BATHROOMS

11 MAY 11 11:49 AM '23



ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

QUESTIONNAIRE

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

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

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

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

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

Liquor License #
0-10130045
(If the location is currently licensed)

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

2. Name: GRAVE DENNIS DUANE 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: MARSHALL MINN. USA Height: 510 Weight: 205 Eyes: HZL Hair: GRAY
City State Country (not county)

5. Marital Status [] Single [X] Married [] Divorced [] Widowed Daytime Contact Phone: 928-420-5571

6. Name of Current or Most Recent Spouse: GRAVE LISA 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? AZ If Arizona, date of residency: 1981

8. Telephone number to contact you during business hours for any questions regarding this document. 928-775-2049

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: JACKASS BAR + GRILL Premises Phone: 928-775-2049

11. Physical Location of Licensed Premises Address: 8156 VALLEY ROAD Prescott Valley YAVAPAI 86314
Street Address (Do not use PO Box #) City County Zip

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

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). Rows include: 5-2011 CURRENT OWNER CROSS SPORTS BAR SAN PEDRO BELIZE; 1-2006 4-2011 OWNER JACKASS BAR + GRILL PRESCOTT VALLEY AZ 86314 8156 E. VALLEY Rd. PZ.

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

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 (If rented, attach additional sheet with name, address and phone number of landlord), City, State, Zip. Row: 6-04 CURRENT OWN 10993 E. MAUZANITA TRAIL Dewey AZ 86327

If you checked the Manager box on the front of this form skip to # 15 ^{12 FEB 17 Liq. Lic. PM 2:23}

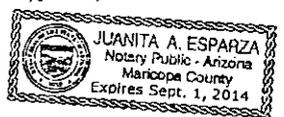
14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, how many hrs/day? 4, and answer #14a below. If NO, skip to #15. YES NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide 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 ¹⁰⁹
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~~ EVER held ownership, been a controlling person, been an officer, member, director or manager on another liquor license in this or any other state? YES NO

If any answer to Question 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 DENNIS DUANE GRAVE, 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 Dennis Duane Grave
(Signature of Applicant)

State of ARIZONA County of MARICOPA



The foregoing instrument was acknowledged before me this 17 day of FEBRUARY, 2012
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 _____

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

_____ day of _____, _____
Month Year

(Signature of NOTARY PUBLIC)

Print Name

My commission expires on: _____
Day Month Year

Regarding question #15:

Was charged with disorderly conduct in 2011

Regarding question #19:

Held Liquor License prior to sale in
April 14, 2011.

Dennis Grane

12 FEB 17 09. Lic. # 2 23



ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS

Professional License and Commercial License Department of Liquor Licenses and Control

Liquor License #: 06130045

Ownership Name: GRAUE ENTERPRISES, INC. (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) DENNIS DUANE GRAUE DATE 2/17/12

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

TYPE OF LICENSE SERIES 6

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: US 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 MARSHALL State (or equivalent) MN 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).

12 FEB 17 Lic. Lic. AM 2 23

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.

Dennis Duane Craze
APPLICANT'S SIGNATURE

2-17-2012
TODAY'S DATE

Attachment to Form 1 Applicant Statement

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

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

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

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

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

a. Primary Evidence:

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

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

b. Secondary Evidence

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

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

On May, 2010 BARTENDER WAS CITED
FOR SERVING WHILE ON DUTY, HE WAS
HELPING A NEW BARTENDER MAKE SHOTS
THAT SHE DIDN'T KNOW HOW TO MAKE!

Dennis Duane Glave

12 FEB 17 11:41 AM '24

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

QUESTIONNAIRE

Handwritten notes: AC 802-783, 1051379

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 for 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 DLEC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLEC. 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 # 00130045 (If the location is currently licensed)

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

2. Name: GRAVE LISA JEANNINE Date of Birth: [Redacted] (NOT a Public Record)

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

4. Place of Birth: VAUON S.D. USA Height: 5-5 Weight: 130 Eyes: BLUE Hair: BLONDE

5. Marital Status: [X] Married [] Single [] Divorced [] Widowed Daytime Contact Phone: 928-420-5571

6. Name of Current or Most Recent Spouse: GRAVE DENNIS D Date of Birth: [Redacted] (NOT a public record)

7. You are a bona fide resident of what state? AZ If Arizona, date of residency: 1994

8. Telephone number to contact you during business hours for any questions regarding this document. 928-420-5571

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: JACKASS BAR + GRILL Premises Phone: 928-775-2049

11. Physical Location of Licensed Premises Address: 8156 VALLEY RD PUEBLO VALLEY YAVAPAI 86314

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). Rows include employment at CROC'S SPORTS BAR and JACKASS BAR + GRILL.

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

Table for residence address: 13. Indicate your residence address for the last five (5) years. Columns: FROM Month/Year, TO Month/Year, Rent or Own, RESIDENCE Street Address, City, State, Zip. Row: 6/04 CURRENT OWN 10993 E. MANZANITA TRAIL Dewey AZ 86327

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? 3, 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

[REDACTED] 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 18 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

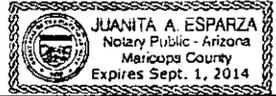
20. Lisa Jeannine Braue, hereby declare that I am the APPLICANT/REPRESENTATIVE (print full name of Applicant) filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

x Lisa Jeannine Braue
 (Signature of Applicant)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 17 day of FEBRUARY 2012
 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

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

_____ day of _____
 Month Year

 (Signature of NOTARY PUBLIC)

 Print Name

My commission expires on: _____
 Day Month Year

Regarding question #19 :

Held Liquor License prior to sale
on April 14, 2011.

Ava Crane

On May, 2010 BARTENDER WAS CITED
FOR SERVING WHILE ON DUTY, HE WAS
HELPING A NEW BARTENDER MAKE SHOTS
THAT SHE DIDN'T KNOW HOW TO MAKE!

Aisa Jeanine Stone

12 FEB 17 11:41 AM '24