

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

MAY 7 10 23 07

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): 06130045

1. Type of License(s): #6 Bar

2. Total fees attached: \$ 244.00

| |
|---------------------|
| Department Use Only |
| \$ <u>244.00</u> |

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. Fischer Brendan Lawrence
(Insert one name ONLY to appear on license) Last First Middle

2. Corp./Partnership/L.L.C.: BLLSF LLC B1048150
(Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: Jackass Bar And Grill B1003708
(Exactly as it appears on the exterior of premises)

4. Principal Street Location: 8156^E Valley Road Prescott Valley Yavapai 86314
(Do not use PO Box Number) City County Zip

5. Business Phone: 928-775-2049 Daytime Contact: Brendan Fischer 928-925-3823

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

7. Mailing Address: 3547 N. Lynn Drive Prescott Valley AZ 86314
City State Zip

8. Price paid for license only bar, beer and wine, or liquor store: Type 6 \$ 77,000 Type _____ \$ _____

| DEPARTMENT USE ONLY | | | | | |
|---|---------------|----------------|---------------|--------|--------------------------|
| Fees: | <u>100.00</u> | <u>100.00</u> | _____ | _____ | <u>44.00</u> |
| | Application | Interim Permit | Agent Change | Club | Finger Prints \$ |
| | | | | | <u>244.00</u> |
| | | | | | TOTAL OF ALL FEES |
| Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Accepted by: | <u>EV</u> | Date: | <u>5.7.12</u> | Lic. # | <u>06130045</u> |

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.

DENNIS DUANE GRAUE
 I, _____, declare that I am the CURRENT OWNER, (AGENT) CLUB MEMBER, PARTNER,
 (Print full name)
 MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

X Dennis Duane Graue
 (Signature)

State of ARIZONA County of YAVAPAI

The foregoing instrument was acknowledged before me this

13 day of MARCH, 2012
 Day Month Year

My commission expires on: 1-15-2016

[Signature]
 (Signature of NOTARY PUBLIC)



12 MAY 10 10:41 AM '12

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# |
|------|-------|--------|-----------------|------------------|------------|
| | | | | | |
| | | | | | |

Read & Approved:

Brendan Fischer Member *Linda Fischer Member*

Brendan Fischer Linda Fischer

08803891-JKB

Bill of Sale
(Personal Property or Goods)

Date: **February 17, 2012** County where Property is Located: **Yavapai**

SELLER (Name):
Graue Enterprises, Inc., An Arizona Corporation

BUYER (Name):
BLLSF LLC, an Arizona limited liability company

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.

Graue Enterprises, Inc.

Graue Enterprises, Inc.

Dennis D. Graue
Dennis D. Graue, President

Lisa J. Graue
Lisa J. Graue, Secretary/Treasurer

State of ARIZONA }
County of YAVAPAI } ss

The foregoing instrument was acknowledged before me this 13 day of ^{March}~~February~~, 2012, by Dennis D. Graue, President and Lisa J. Graue, Secretary/Treasurer on behalf of Graue Enterprises Inc., an Arizona corporation.

Joni K Blyth
NOTARY PUBLIC

My commission expires: 1-15-2016



12 MAY 7 09:44 AM '12

STATE OF ARIZONA

DEPARTMENT OF LIQUOR LICENSES
AND CONTROL
ALCOHOLIC BEVERAGE LICENSE

License 06130045

Issue Date: 2/17/2012

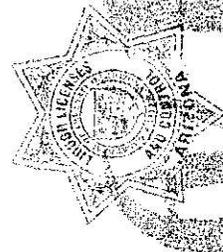
Expiration Date: 6/1/2012

Issued To:
DENNIS DUANE GRAUE, Agent
GRAUE ENTERPRISES INC, Owner

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

Bar
Interim Permit

Mailing Address:
DENNIS DUANE GRAUE
GRAUE ENTERPRISES INC
JACKASS BAR & GRILL
P O BOX 1767
DEWEY, AZ 86327



EXPIRES

6/1/2012

POST THIS LICENSE IN A CONSPICUOUS PLACE

12 MAY 7 11:27 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.: BLUSE, LLC
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 2-15-12 State where Incorporated/Organized: Arizona
3. AZ Corporation Commission File No.: L-1739757-6 Date authorized to do business in AZ: 2-22-12
4. AZ L.L.C. File No: L-1739757-6 Date authorized to do business in AZ: 2-22-12
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 |
|---------|---------|----------|--------|--------------------|-----------------|-------|-------|
| Fischer | Brendan | Lawrence | Member | 3547 N. Lynn Drive | Prescott | AZ | 86314 |
| Fischer | Linda | Sue | Member | 3547 N. Lynn Drive | Prescott Valley | AZ | 86314 |
| | | | | | | | |
| | | | | | | | |

(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 |
|---------|---------|----------|---------|--------------------|-----------------|-------|-------|
| Fischer | Brendan | Lawrence | 50 | 3547 N. Lynn Drive | Prescott Valley | AZ | 86314 |
| Fischer | Linda | Sue | 50 | 3547 N. Lynn Drive | Prescott Valley | AZ | 86314 |
| | | | | | | | |
| | | | | | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)
2. Is club non-profit? YES NO
3. List officer and directors:

| Last | First | Middle | Title | Mailing Address | City | State | Zip |
|------|-------|--------|-------|-----------------|------|-------|-----|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:

- 1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle
- 2. Assignee's Name: _____
Last First Middle
- 3. License Type: _____ License Number: _____ Date of Last Renewal: _____
- 4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

SECTION 10 Government: (for cities, towns, or counties only)

- 1. Governmental Entity: _____
- 2. Person/designee: _____
Last First Middle Contact Phone Number

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

SECTION 11 Person to Person Transfer:

Questions to be completed by **CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).**

- 1. Current Licensee's Name: DENNIS DUANE GRAUE Entity: Agent
(Exactly as it appears on license) Last First Middle (Indiv. (Agent) etc.)
- 2. Corporation/L.L.C. Name: GRAUE ENTERPRISES INC
(Exactly as it appears on license)
- 3. Current Business Name: TACKASS 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 10993 E. MANZANITA TRAIL
(Other than business) City, State, Zip DEWEY, AZ 86327
- 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.

12 MAY 7 11:49 AM '12 Lic. PM 2:37

10. I, DENNIS DUANE GRAUE, 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, DENNIS DUANE GRAUE, 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.

Dennis Duane Graue
(Signature of CURRENT LICENSEE)

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



13 March 2012
Day Month Year
[Signature]
(Signature of NOTARY PUBLIC)

My commission expires on: 1-15-2018

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 Dennis Duane Ceraue

JANUARY 7 11:49 AM '07

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.

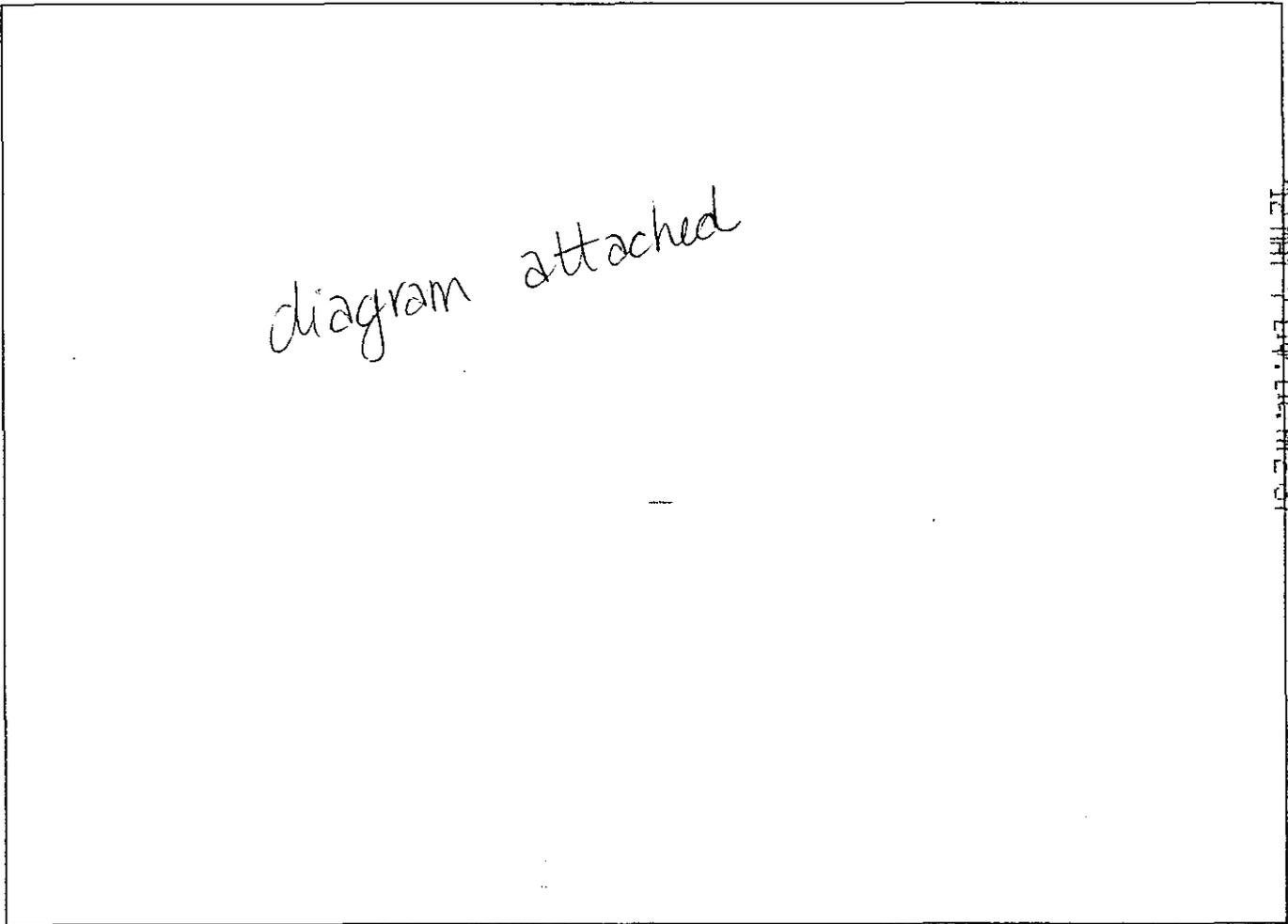
As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this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

BAE
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.



SECTION 16 Signature Block

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

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



State of Arizona County of Yavapai

The foregoing instrument was acknowledged before me this 16 of April, 2012
Day Month Year

My commission expires on: 16 April 2012
Day Month Year

[Signature]
signature of NOTARY PUBLIC

11 MAY 11 Lic. Dept PM 1 04

BATHROOMS

Approximately 15x40

outside area

Kitchen

Pool Table

Pool Table

Pool Table

Pool Table

2500 sq ft

Shuffle Board

BAR

12 MAY 7 Lic. Lic. PM 2 08

Liquor Storage

Covered Patio

Entrance/Exit

Storage shed

Stage

Liquor Storage

Concrete Slab

ARIZONA CORPORATION COMMISSION
FILED

AR Corp. Commission
03768246

FEB 15 2012

FILE NO. L1739751-6

DO NOT WRITE ABOVE THIS LINE, FOR ACC USE ONLY

ARTICLES OF ORGANIZATION

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

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

It must be an Arizona address. DO NOT LEAVE THIS SECTION BLANK.

2. See Section 3 of the instructions above. A statutory agent is a person you appoint that would receive legal papers if the LLC is sued. A street or physical address is required even if the statutory agent has a P.O. Box.

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

Select one. This form may be used for:

- ARIZONA LIMITED LIABILITY COMPANY (A.R.S. §29-092)
- ARIZONA PROFESSIONAL LIMITED LIABILITY COMPANY (A.R.S. §29-4101)

1. The name of the organization:

A. BLISE, LLC
LLC Name Reservation Fee Number (if one has been obtained - if not, leave this line blank).

B. _____
Limited Liability Company Name

2. Known place of business in Arizona (if address in this section is the street address of the statutory agent, write "same as statutory agent". DO NOT LEAVE THIS SECTION BLANK)

Address 3547 North Lynn Drive
 City Prescott Valley State AZ Zip 86314

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

Name LINDA FISCHER
 Address 3547 North Lynn Drive
 City Prescott Valley State AZ Zip 86314

Acceptance of Appointment by Statutory Agent:
 I LINDA FISCHER, having been designated to act as
(print name of the Statutory Agent)

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

Agent Signature: Linda Fischer

If the statutory agent is an entity, please print the company name here.

LL-0004
Rev. 02/2011

Page 3 of 4

Arizona Corporation Commission
Corporations Division

12 MAY 7 11:41 AM '12

DO NOT FURNISH THIS SECTION 4. Only needed for professional liability coverage. The professional services that the company is organized to perform MUST be described. Professional services is defined as a service that may be legally rendered only by a person licensed to provide the service.

A. Check only one box. If a dissolution date is entered, it should include the month, day and year. Dissolved means dissolving before or at maturity.

B. Check A or B to show which management structure will be applicable to your company. Periodic terms, this and address for each position.

6A. If reserved to the members, check the Manager box and provide the name and address of all members. If reserved to the managers you cannot list any manager.

6B. If vested in one or more managers, check the Manager box and provide the name and address of each manager and of each member who owns a direct or indirect interest in the capital or profits of the LLC/PLLC.

7. Signature. The person signing this document must not be a manager or member of the company.

4. Professional LLCs only - Professional Services - the Professional Limited Liability Company will provide the following professional services:

Empty box for professional services.

5. Life Period of the Limited Liability Company: check one:

The LLC will dissolve on 1/1 (Please enter month, day and four digit year)
 The Limited Liability Company life period is Perpetual.

6. Management Structure: (check one box only) A.R.S. §20-632(B)

A. RESERVED TO THE MEMBERS
B. VESTED IN ONE OR MORE MANAGERS
Name: BRENDAN FISCHER, LINDA FISCHER
Address: 3547 North Lynn Dr, Phoenix, AZ 85014

7. SIGNATURE

Signed on this date: February 13, 2012 (mm/dd/yyyy).
Signature: Linda Fischer, Print Name: Linda Fischer

Phone Number: 480-715-3352 Fax Number:

12 MAY 7 10:41 AM '12

Operating Agreement
Of
BLLSF, LLC
An Arizona Limited Liability Company

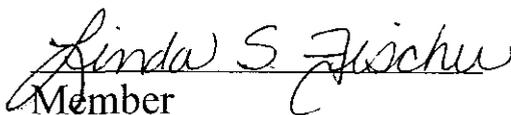
Purpose - The Company is organized to transact any or all Lawful business for which limited liability companies may be organized.

Duration - The Company shall continue in perpetuity, unless Terminated sooner by operation of law or by agreement among the Members.

Management Duties - The Members shall have full discretion, responsibility, and authority for the management of the company's Business and shall have all of the rights and powers generally conferred by law or necessity, advisable, or consistent in connection therewith.


Member

Date: 04/11/2012


Member

Date: 4-11-12

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

QUESTIONNAIRE

P 1067142-2
802819 5.7.12

12 MAY 7 10 41 AM '08

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

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

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

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted. The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

00130045

(if the location is currently licensed)

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

2. Name: FISCHER BRENDAN L Date of Birth: (NOT a Public Record)

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

4. Place of Birth: Ennis County, Claire Ireland Height: 6'2" Weight: 195 Eyes: BL Hair: GRAY

5. Marital Status [X] Married Daytime Contact Phone: 928-925-3823

6. Name of Current or Most Recent Spouse: Fischer Linda Sue Kreklaw Date of Birth: (NOT a public record)

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

8. Telephone number to contact you during business hours for any questions regarding this document. 928-925-3823

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 And Grill Premises Phone: 928-925-2049

11. Physical Location of Licensed Premises Address: 8156 E Valley Road Prescott Valley Yavapai 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.

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). Includes entries for Laborer and Owner at Jackass Bar and Grill.

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, City, State, Zip. Includes entry for 3547 N. Lynn Drive, Prescott Valley, AZ 86314.

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? 10, and **answer #14a below**. If NO, skip to #15. YES NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. YES NO
15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? YES NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? YES NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? YES NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? YES NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? YES NO

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

20. I, BRENDAN L FISCHER, 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 Brendan L Fischer
(Signature of Applicant)

State of Arizona County of Yavapai
The foregoing instrument was acknowledged before me this
16 day of April, 2012
Month Year
[Signature]
(Signature of NOTARY PUBLIC)

My commission expires on: 16 April 2012
Month Year



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

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

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

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

_____ day of _____, _____
Month Year

Print Name

(Signature of NOTARY PUBLIC)

My commission expires on: _____
Day Month Year

TO ALTER THIS DOCUMENT OR TO UTTER IT SO ALTERED IS A SERIOUS OFFENCE.

DEATHS AND MARRIAGES.

REGISTRATION OF BIRTHS

(See Endorsement)

Certified Copy of Entry in the Register Book of Births deposited in the Superintendent Registrar's Office.

| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
|--------------------------|----------------|-----|---|----------------------------|------------------------------|---|--------------------------|------------------------|------------------------|------------------------|
| Date and Place of Birth | Age (in years) | Sex | Age, Name and Address of Dwelling, Street, etc. | Name and Surname of Mother | Rank or Profession of Father | Signature, Qualification and Residence of Informant | Date of Birth Registered | Signature of Registrar | Signature of Registrar | Signature of Registrar |
| 1915 Co. Home R.H. | 1 | M | 10 Brendan | Yvonne Hayes | Teacher | John Hayes | 1915 | Co. Home R.H. | Assistant Registrar | 1915 |

The Year of Birth shown in the above Certified Copy is 1915

1915
face
etc

1915
face
etc

Office keeps an Index Register from which the names of the children are taken for the purpose of the Births and Deaths Register.

1915
face
etc

State of Wisconsin, County Court, JEFFERSON County

IN THE MATTER OF THE ADOPTION OF

BRENDAN HAYES

The petition of Lawrence Fischer and Ruth Fischer

his wife, for the adoption of Brendan Hayes, having been duly filed herein; and the Court on the filing of such petition having duly entered an order for hearing the same and for an investigation of the matters set forth in said petition, as required by law, and the said petition having been heard by the Court, and the Court on this 12 day of MAY 1933 and having

investigation required to be made having been filed herein, examined and considered by the Court, and the Court having heard the testimony offered in support of the petition and otherwise, and being fully advised in the premises, FINDS as follows:—

1. That petitioners were at the time of filing the petition and are now adult inhabitants of the village of Johnson Creek, County of Jefferson

State of Wisconsin; that they are of good moral character and of reputable standing in the community and of ability properly to maintain and educate the child sought to be adopted.

2. That Brendan Hayes, the child proposed to be adopted, was born on the 12 day of MAY 1933 and has lived at least six months at the home of the petitioners.

3. That the consent of Teresa Hayes, the mother of said child of said child is required to such adoption and that such consent has been filed herein.

4. That the best interests of such child will be promoted by adoption, and that such child is suitable for adoption and that all legal requirements relative to adoption have been complied with.

IT IS ORDERED AND ADJUDGED that from and after the date hereof, said

Brendan Hayes shall be deemed to all legal intents and purposes the child of the petitioners, Lawrence Fischer and Ruth Fischer, his wife, and that the name of said child be changed to Brendan Lawrence Fischer in accordance with the prayer of the petition.

Dated 12 day of MAY 1933

By the Court,

[Signature]
Judge

12 MAY 7 1933, Lic. PM 2 33

State of Wisconsin, County Court, JEFFERSON County

IN THE MATTER OF THE ADOPTION OF

BRENDAN HAYES

The petition of Lawrence Fischer and Ruth Fischer

his wife, for the adoption of Brendan Hayes, having been duly filed herein; and the Court on the filing of such petition having duly entered an order for hearing the same and for an investigation of the matters set forth in said petition, as required by law, and the said petition having been heard and considered by the Court, and the Court on this 5 day of May, 1938, and being fully advised in the premises, FINDS as follows:—

1. That petitioners were at the time of filing the petition and are now adult inhabitants of the village

of Johnson Creek, County of Jefferson

State of Wisconsin; that they are of good moral character and of reputable standing in the community and of ability properly to maintain and educate the child sought to be adopted.

2. That Brendan Hayes, the child proposed to be adopted, was

born on the 1 day of May and has lived at least six months at the home of the petitioners.

3. That the consent of Teresa Hayes

the mother of said child is required to such adoption and that such consent has been filed herein.

4. That the best interests of such child will be promoted by adoption, and that such child is suitable for adoption and that all legal requirements relative to adoption have been complied with.

IT IS ORDERED AND ADJUDGED that from and after the date hereof, said

Brendan Hayes shall be deemed to all legal intents and purposes the child of the petitioners, Lawrence Fischer and Ruth Fischer

his wife, and that the name of said child be changed to Brendan Lawrence Fischer in accordance with the prayer of the petition.

Dated 5

By the Court,

[Signature]
Judge

12 MAY 7 1938 L.C. PM 2 38



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: BLLSF, 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) Brendan L. Fischer DATE 4-11-12
TYPE OF APPLICATION (check one) [X] INITIAL APPLICATION [] RENEWAL
TYPE OF LICENSE 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: Certificate of Naturalization

- 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 Ennis County, Claire State (or equivalent) Country or Territory Ireland

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.

12 MAY 7 09:13:13 PM '08

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 MAY 7 10:47 AM '08

20180

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

CERTIFICATE OF TITLE 4 TRAINING COMPLETION

Do Not Duplicate This Form

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

BRENDAN L FISCHER
Full Name (please print)
Brendan Fischer
Signature

3-21-12
Training Completion Date

3-21-17
Certificate Expiration Date
(MANAGEMENT - 5 years from completion date)
(BASIC - 3 years from completion date)

Type of Training Completed (check Yes or No)

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

If Trainee Is Employed By A Licensee

BRENDAN L FISCHER JACK ASS BAR AND GRILL
Name of Licensee Business Name Liquor License #

Alcohol Training Program Provider Information

ARIZONA BUSINESS COUNCIL FOR ALCOHOL EDUCATION
Company or Individual Name (please print)

77 EAST COLUMBUS AVENUE, SUITE 102
Address

Phoenix AZ 85012 (602) 285-1396
City State Zip Daytime Contact Phone #

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

DANNY THOMAS
Name of Trainer (please print)

[Signature]
Trainer Signature

3-21-12
Date

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

The persons(s) required to attend both the BASIC and MANAGEMENT Title 4 liquor law training, on- or off-sale, will include all of the following:
Owner(s)
Licensee/agent or manager(s) actively involved in daily business operation

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

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

12 MAY 7 11:41 AM '08

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

QUESTIONNAIRE

P 1067143-2
802819 57.12

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

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

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

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

Liquor License #

06130045

(If the location is currently licensed)

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

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

2. Name: Fischer Linda Sue Date of Birth: (NOT a Public Record)

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

4. Place of Birth: Watertown WI 53549 Height: 5'7" Weight: 200 Eyes: Green Hair: Brown

5. Marital Status: Married Daytime Contact Phone: 928-925-3822

6. Name of Current or Most Recent Spouse: Fischer Brendan Lawrence Date of Birth: (NOT a public record)

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

8. Telephone number to contact you during business hours for any questions regarding this document. 928-925-3822

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 And Grill Premises Phone: 928-775-2049

11. Physical Location of Licensed Premises Address: 8156 E Valley Road Prescott Valley Yavapai 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.

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: 7/11 CURRENT RN Good Samaritan Society 3380 Windsong Drive Prescott Valley, AZ 86314; 6/09 8/11 RN Mountainview Manor 1045 Sandretto Drive Prescott, AZ 86305; 6/07 6/09 Respiratory Nurse All Care Respiratory 6501 E 15th Street # B Prescott Valley, AZ 86314

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

Table with 7 columns: FROM Month/Year, TO Month/Year, Rent or Own, RESIDENCE Street Address, City, State, Zip. Row: 10/93 CURRENT Own 3547 N. Lynn Drive Prescott Valley AZ 86314

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

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

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

20. I, Linda Sue Fischer, 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.

12 MAY 7 11:41 AM '02

x Linda Sue Fischer
 (Signature of Applicant)

State of Arizona County of Yavapai

The foregoing instrument was acknowledged before me this
16 day of April, 2002
 Month Year

Joni K. Blyth
 (Signature of NOTARY PUBLIC)

My commission expires on: 16th April 2012
 Day Month Year



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

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

State of _____ County of _____

The foregoing instrument was acknowledged before me this

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

_____ day of _____
 Month Year

 Print Name

(Signature of NOTARY PUBLIC)

My commission expires on: _____
 Day Month Year

20141

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

CERTIFICATE OF TITLE 4 TRAINING COMPLETION

Do Not Duplicate This Form

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

Linda Sue Fischer
Full Name (please print)

Linda Sue Fischer
Signature

3-21-12
Training Completion Date

3-21-17
Certificate Expiration Date

(MANAGEMENT - 5 years from completion date)
(BASIC - 3 years from completion date)

Type of Training Completed (check Yes or No)

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

If Trainee Is Employed By A Licensee

Brendan L. Fischer
Name of Licensee

Jackass Bar and Grill
Business Name

Liquor License #

Alcohol Training Program Provider Information

ARIZONA BUSINESS COUNCIL FOR ALCOHOL EDUCATION

Company or Individual Name (please print)

77 EAST COLUMBUS AVENUE, SUITE 102

Address

Phoenix
City

AZ
State

85012
Zip

(602) 285-1396
Daytime Contact Phone #

12 MAY 7 11:41:14 PM '09

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

DANNY THOMAS

Name of Trainer (please print)

[Signature]
Trainer Signature

3-21-12
Date

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

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

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

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

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