'12 OCT 11 Liq. Lic. PM 4:03

RECEIVED
COCHISE COUNTY
BOARD OF SUPERVISORS
2012 OCT 22 P 12:51

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

APPLICATION FOR LIQUOR LICENSE

TYPE OR PRINT WITH BLACK INK

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

SECTION 1 This application is for a:

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

SECTION 2 Type of ownership:

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

SECTION 3 Type of license and fees LICENSE #(s): 07020002

1. Type of License(s): SERIES 7 BEER & WINE

2. Total fees attached: Department Use Only $ 200 00

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

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

SECTION 4 Applicant

1. Owner/Agent's Name: Mr. / Ms. WOOD (Last) DANIEL (First) AUSTIN (Middle)
(Insert one name ONLY to appear on license)

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

3. Business Name: SHADOW MOUNTAIN GOLF COURSE / COUNTRY CLUB
(Exactly as it appears on the exterior of premises)

4. Principal Street Location: 1105 IRENE STREET (Do not use PO Box Number) PEARCE (City) COCHISE (County) 85625 (Zip)

5. Business Phone: 520-826-3412 Daytime Contact: 520-678-2649

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

7. Mailing Address: 287 N CALLE TORTUGA (City) BENSON (State) ARIZONA (Zip) 85602

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

DEPARTMENT USE ONLY

Fees: 100 Application | 100 Interim Permit | _____ Agent Change | _____ Club | Current Finger Prints $ 200 00 TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☒YES ☐ NO
On File 06020070

Accepted by: CB Date: 10-11-12 Lic. # 07020002

3/9/2012

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

SECTION 5 Interim Permit:

'12 OCT 11 Liqr. Lic. PM 4:01

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. ~~B0231Dto~~ 07020002
4. Is the license currently in use? ☐ YES ☑ NO If no, how long has it been out of use? 30 days

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

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

X _____ (Signature)

My commission expires on: _____

See attached Documents

State of _____ County of _____

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Day Month Year

_____
(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 $22 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
☐ ☐						
☐ ☐						
☐ ☐						
☐ ☐						

) Y R A S S E C E N F I T

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#

'12 OCT 18 Liqr. Lic. PM 1:59

BILL OF SALE

Date: August 16, 2012
Escrow No.: FNT1211003-FTA50
Property Address:
Sunsites Golf Course, Sunsites, Arizona 85625

For a valuable consideration paid and received L190-2 Shadow Mountain Golf Course LLC., a Nevada Limited Liability Company

hereby sells and conveys to Shadow Hills LLC, an Arizona Limited Liability company

his executors, administrators and assigns the following property:

Arizona State Liquor License # 07020002

~~Sellers for his heirs, executors and administrators,~~ covenants and agrees to warrant and defend this sale of said property, goods, and chattels, against all and every person and persons claiming the same.

Date: 8/17/2012

L190-2 Shadow Mountain Golf Course LLC., a Nevada Limited Liability Company

BY: _____
CO MANAGER

'12 OCT 18 Liqr. Lic. PM 1 59

FIDELITY NATIONAL TITLE AGENCY, INC.
6245 E. Broadway Blvd Suite 200, Tucson, AZ 85711
(520)290-6227 FAX (520)290-3884

SUPPLEMENTAL ESCROW INSTRUCTIONS

Date: August 13, 2012
Escrow No.: FNT1211003-FTA50

TO: Fidelity National Title Agency, Inc.

The previous Instructions in this escrow are hereby modified and/or amended in the following particulars only:

Parties acknowledge that escrow has requested a lien and judgement search on the attached Liquor Licence in addition to contacting the Liquor Board for any additional fees and conditions due for the transfer of the license.

Further, attached is the application for transfer of the license.

Parties to handle the transfer of said license direct and outside of escrow, including but not limited to, the payment of any and all fees and cost in connection with the transfer of same.

Fidelity National Title is hereby released of liability and or responsibility as to the costs, fees, conditions, time frame and regulations associated with a new liquor license.

All other terms and conditions remain the same.

Shadow Hills LLC, an Arizona Limited Liability company

BY: _____

L190-2 Shadow Mountain Golf Course LLC., a Nevada Limited Liability Company

BY: _____ Co Manager

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND $22 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.: SHADOW HILLS, LLC
   (Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 7/2/2012 State where Incorporated/Organized: ARIZONA
3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____
4. AZ L.L.C. File No: L-1772704-7 Date authorized to do business in AZ: 07/5/2012
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
WOOD	DANIEL	AUSTIN	M/MEM	287 N CALLE TORTUGA	BENSON AZ 85602

(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
WOOD	DANIEL	AUSTIN	100.0	287 N. CALLE TORTUGA	BENSON AZ 85602

(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 $22 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: Christensen, Lynn H (Exactly as it appears on license) Last First Middle Entity: Agent (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: L190-2 Shadow Mountain Golf Course LLC. (Exactly as it appears on license)
3. Current Business Name: L190-2 Shadow Mountain Golf Course (Exactly as it appears on license)
4. Physical Street Location of Business: Street 1105 IRENE Street
   City, State, Zip Pearce, AZ 85625
5. License Type: 12 License Number: 12023106
6. If more than one license to be transfered: License Type: 07 License Number: 07020002
7. Current Mailing Address: (Other than business) Street 287 N. Calle Tortuga
   City, State, Zip Benson, AZ 85602
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, _____ (print full name), 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, _____ (print full name), declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

_____ (Signature of CURRENT LICENSEE)

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ Day _____ Month _____ Year

See Attach Documents

My commission expires on: Bankruptcy on property & Liquor License

_____ (Signature of NOTARY PUBLIC)

'12 OCT 18 Liqr. Lic. PM 1:59

BILL OF SALE

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Escrow No.: FNT1211003-FTA50
Property Address:
Sunsites Golf Course, Sunsites, Arizona 85625

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hereby sells and conveys to Shadow Hills LLC, an Arizona Limited Liability company

his executors, administrators and assigns the following property:

Arizona State Liquor License # 07020002

Sellers for his heirs, executors and administrators, covenants and agrees to warrant and defend this sale of said property, goods, and chattels, against all and every person and persons claiming the same.

Date: 8/17/2012

L190-2 Shadow Mountain Golf Course LLC., a Nevada Limited Liability Company

BY: _____

CO MANAGER

'12 OCT 18 Liqr. Lic. PM 1:59

FIDELITY NATIONAL TITLE AGENCY, INC.
6245 E. Broadway Blvd Suite 200, Tucson, AZ 85711
(520)290-6227 FAX (520)290-3884

SUPPLEMENTAL ESCROW INSTRUCTIONS

Date: August 13, 2012
Escrow No.: FNT1211003-FTA50

TO: Fidelity National Title Agency, Inc.

The previous Instructions in this escrow are hereby modified and/or amended in the following particulars only:

Parties acknowledge that escrow has requested a lien and judgement search on the attached Liquor Licence in addition to contacting the Liquor Board for any additional fees and conditions due for the transfer of the license.

Further, attached is the application for transfer of the license.

Parties to handle the transfer of said license direct and outside of escrow, including but not limited to, the payment of any and all fees and cost in connection with the transfer of same.

Fidelity National Title is hereby released of liability and or responsibility as to the costs, fees, conditions, time frame and regulations associated with a new liquor license.

All other terms and conditions remain the same.

Shadow Hills LLC, an Arizona Limited Liability company

BY: _____

L190-2 Shadow Mountain Golf Course LLC., a Nevada Limited Liability Company

BY: _____ Co Manager

'12 OCT 11 Liq. Lic. PM 4:01

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

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

1. Current Business: (Exactly as it appears on license) Name _____
   Address _____
2. New Business: (Physical Street Location) Name _____
   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) horizonal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

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

1. Distance to nearest school: 2.5mi ft. Name of school Pearce Elementary
   Address 1487 E. School Rd Pearce AZ 85625
   City, State, Zip
2. Distance to nearest church: 1/4 mi ft. Name of church Church of Jesus Christ L.D.S.
   Address 214 W. Ford St., Pearce, AZ 85625
   City, State, Zip
3. I am the: ☐ Lessee ☐ Sublessee ☒ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name _____
   Address _____
   City, State, Zip

4a. Monthly rental/lease rate $_____ What is the remaining length of the lease __ yrs. ____mos.

4b. What is the penalty if the lease is not fulfilled? $_____ or other _____
(give details - attach additional sheet if necessary)

5. What is the total **business** indebtedness for this license/location excluding the lease? $ 0
   Please list 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)? Restaurant/Golf Course

SECTION 13 - continued

'12 OCT 11 Liqr. Lic. PM 4:01

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 # 07020002 (exactly as it appears on license) Name Lynn H. Christensen
12023106

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:
Christensen, Lynn H and license #: 12023106
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? October 1, 2012
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.

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, Daniel A. Wood, 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.

(print full name of applicant)

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

State of Arizona County of Pima

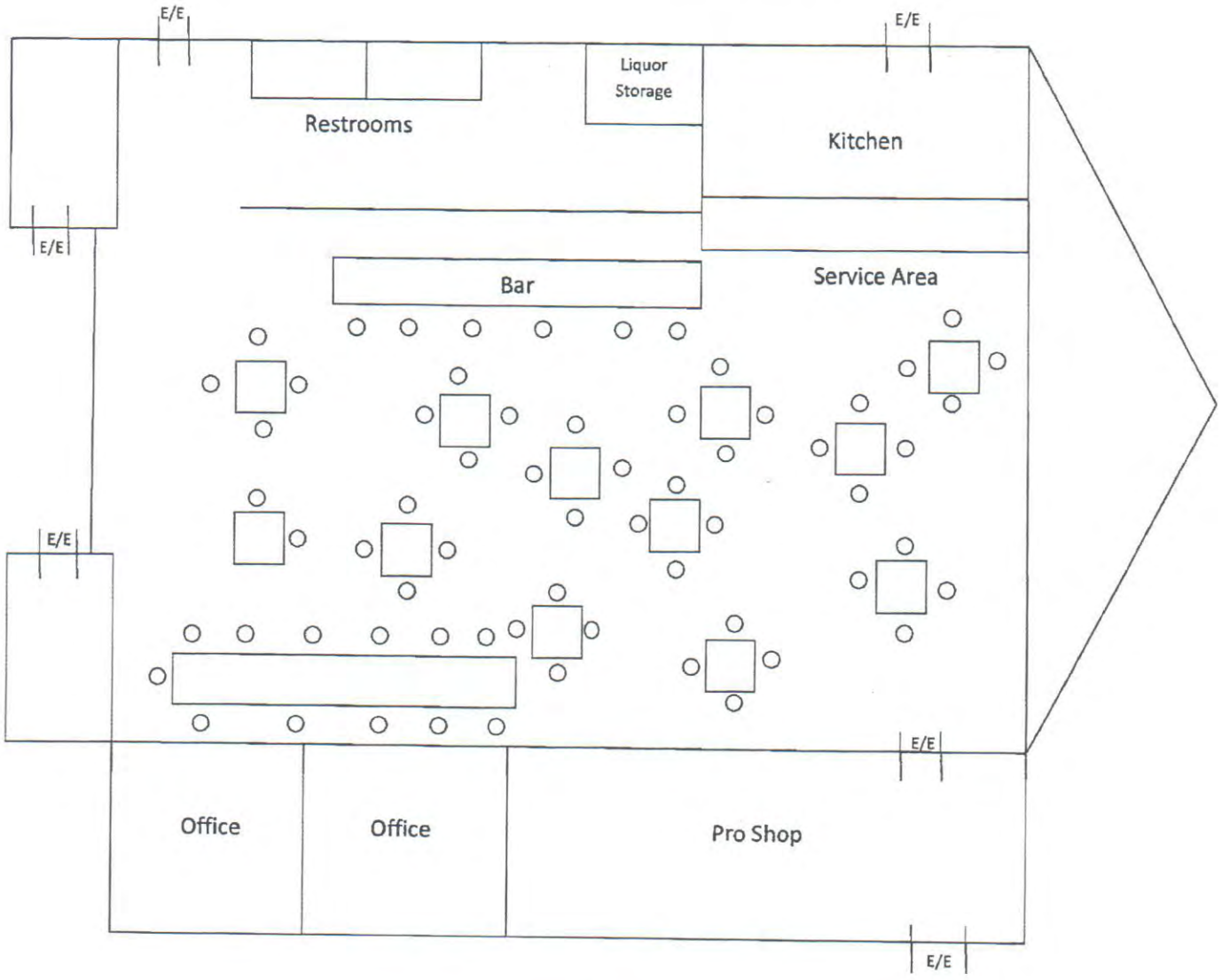
The foregoing instrument was acknowledged before me this

7 (Day) of October (Month) 2012 (Year)

_____
signature of NOTARY PUBLIC

My commission expires on : 2 1 8 2015
Day Month Year

'12 OCT 11 Liq. Lic. PM 4 01



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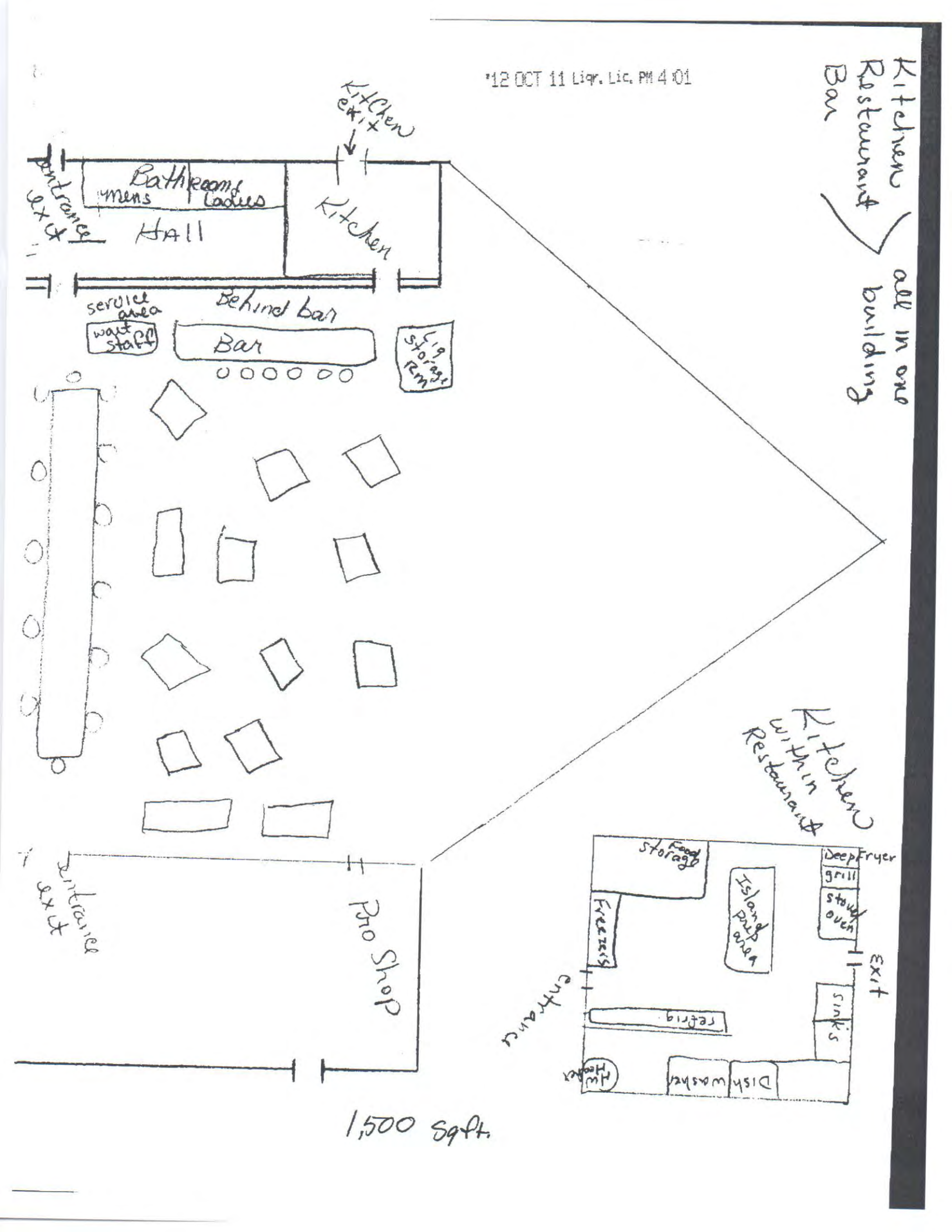

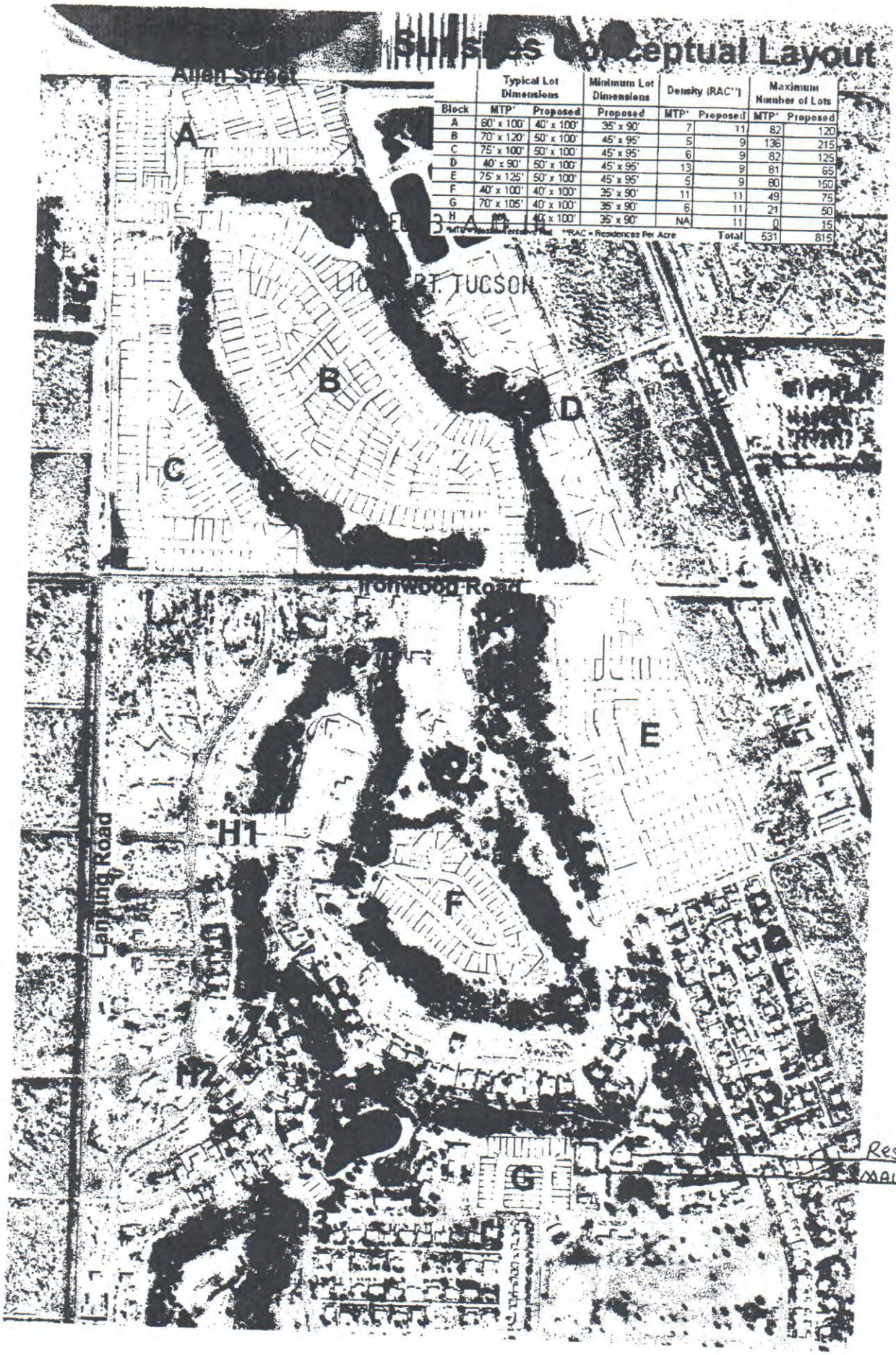

Block	Typical Lot Dimensions		Minimum Lot Dimensions	Density (RAC**)		Maximum Number of Lots	
	MTP*	Proposed	Proposed	MTP*	Proposed	MTP*	Proposed
A	60' x 100'	40' x 100'	35' x 90'	7	11	82	120
B	70' x 120'	50' x 100'	45' x 95'	5	9	136	215
C	75' x 100'	50' x 100'	45' x 95'	6	9	82	125
D	40' x 90'	50' x 100'	45' x 95'	13	9	81	65
E	75' x 125'	50' x 100'	45' x 95'	5	9	80	150
F	40' x 100'	40' x 100'	35' x 90'	11	11	49	75
G	70' x 105'	40' x 100'	35' x 90'	6	11	21	50
H	[illegible]	40' x 100'	35' x 90'	NA	11	0	15
					Total	631	815

*MTP = Master Transportation Plan **RAC = Residences Per Acre

'12 OCT 11 Liqr. Lic. PM 4:01

50' by 30' = 1500 sq. ft.

'12 OCT 11 Liqr. Lic. PM 4 03

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

APPLICATION FOR LIQUOR LICENSE

TYPE OR PRINT WITH BLACK INK

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

SECTION 1 This application is for a:

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

SECTION 2 Type of ownership:

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

SECTION 3 Type of license and fees LICENSE #(s): 12023172

1. Type of License(s): SERIES 12 RESTAURANT

2. Total fees attached: $ 200.00 (Department Use Only)

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

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

SECTION 4 Applicant

1. Owner/Agent's Name: Mr. / Ms. WOOD (Last) DANIEL (First) AUSTIN (Middle)
(Insert one name ONLY to appear on license)

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

3. Business Name: SHADOW MOUNTAIN GOLF COURSE / COUNTRY CLUB
(Exactly as it appears on the exterior of premises)

4. Principal Street Location: 1105 IRENE STREET (Do not use PO Box Number) PEARCE (City) COCHISE (County) 85625 (Zip)

5. Business Phone: 520-826-3412 Daytime Contact: 520-678-2649

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

7. Mailing Address: 287 N CALLE TORTUGA (City) BENSON (State) ARIZONA (Zip) 85602

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

RECEIVED
COCHISE COUNTY
BOARD OF SUPERVISORS
2012 OCT 22 P 12 50

DEPARTMENT USE ONLY

Fees: 100 Application | 100 Interim Permit | _____ Agent Change | _____ Club | Current Finger Prints $ 200.00 TOTAL OF ALL FEES

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

ON File 00026070

Accepted by: CB Date: 10-11-12 Lic. # 12023172

3/9/2012

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

SECTION 5 Interim Permit:

'12 OCT 11 Liqr. Lic. PM 4:01

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. 12023106
4. Is the license currently in use? ☐ YES ☑ NO If no, how long has it been out of use? 30 days

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

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

X _____
(Signature)

My commission expires on: _____
See attached Documents

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

_____
(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 $22 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
☐ ☐						
☐ ☐						
☐ ☐						
☐ ☐						

) Y R A S S E C E N F I T

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#

BILL OF SALE

'12 OCT 18 Liq. Lic. PM 1:59

Date: August 16, 2012
Escrow No.: FNT1211003-FTA50
Property Address:
Sunsites Golf Course, Sunsites, Arizona 85625

For a valuable consideration paid and received L190-2 Shadow Mountain Golf Course LLC., a Nevada Limited Liability Company

hereby sells and conveys to Shadow Hills LLC, an Arizona Limited Liability company

his executors, administrators and assigns the following property:

Arizona State Liquor License # 07020002

~~Sellers for his heirs, executors and administrators, covenants~~ and agrees to warrant and defend this sale of said property, goods, and chattels, against all and every person and persons claiming the same.

Date: 8/17/2012

L190-2 Shadow Mountain Golf Course LLC., a Nevada Limited Liability Company

BY: _____
CO MANAGER

FIDELITY NATIONAL TITLE AGENCY, INC.
6245 E. Broadway Blvd Suite 200, Tucson, AZ 85711
(520)290-6227 FAX (520)290-3884

SUPPLEMENTAL ESCROW INSTRUCTIONS

Date: August 13, 2012
Escrow No.: FNT1211003-FTA50

TO: Fidelity National Title Agency, Inc.

The previous Instructions in this escrow are hereby modified and/or amended in the following particulars only:

Parties acknowledge that escrow has requested a lien and judgement search on the attached Liquor Licence in addition to contacting the Liquor Board for any additional fees and conditions due for the transfer of the license.

Further, attached is the application for transfer of the license.

Parties to handle the transfer of said license direct and outside of escrow, including but not limited to, the payment of any and all fees and cost in connection with the transfer of same.

Fidelity National Title is hereby released of liability and or responsibility as to the costs, fees, conditions, time frame and regulations associated with a new liquor license.

All other terms and conditions remain the same.

Shadow Hills LLC, an Arizona Limited Liability company

BY: _____

L190-2 Shadow Mountain Golf Course LLC., a Nevada Limited Liability Company

BY: _____ Co Manager

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND $22 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.: SHADOW HILLS, LLC
   (Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 7/2/2012 State where Incorporated/Organized: ARIZONA
3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____
4. AZ L.L.C. File No: L-1772704-7 Date authorized to do business in AZ: 07/5/2012
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
WOOD	DANIEL	AUSTIN	M/MEM	287 N CALLE TORTUGA	BENSON AZ 85602

(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
WOOD	DANIEL	AUSTIN	100.0	287 N. CALLE TORTUGA	BENSON AZ 85602

(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 $22 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: Christensen, Lynn H Entity: Agent (Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: L190-2 Shadow Mountain Golf Course LLC. (Exactly as it appears on license)
3. Current Business Name: L190-2 Shadow Mountain Golf Course (Exactly as it appears on license)
4. Physical Street Location of Business: Street 1105 IRENE Street
   City, State, Zip Pearce, AZ 85625
5. License Type: 12 License Number: 12023106
6. If more than one license to be transfered: License Type: 07 License Number: 07020002
7. Current Mailing Address: (Other than business) Street 287 N. Calle Tortuga
   City, State, Zip Benson, AZ 85602
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, _____ (print full name), 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, _____ (print full name), declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

_____ (Signature of CURRENT LICENSEE)

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ Day _____ Month _____ Year

See Attach Documents

My commission expires on: Bankruptcy on property & Liquor License

_____ (Signature of NOTARY PUBLIC)

'12 OCT 18 Liqr. Lic. PM 1:59

BILL OF SALE

Date: August 16, 2012
Escrow No.: FNT1211003-FTA50
Property Address:
Sunsites Golf Course, Sunsites, Arizona 85625

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his executors, administrators and assigns the following property:

Arizona State Liquor License # 07020002

~~Sellers for his heirs, executors and administrators,~~ covenants and agrees to warrant and defend this sale of said property, goods, and chattels, against all and every person and persons claiming the same.

Date: 8/17/2012

L190-2 Shadow Mountain Golf Course LLC., a Nevada Limited Liability Company

BY: _____
CO MANAGER

FIDELITY NATIONAL TITLE AGENCY, INC.
6245 E. Broadway Blvd Suite 200, Tucson, AZ 85711
(520)290-6227 FAX (520)290-3884

'12 OCT 18 Liq. Lic. PM 1 59

SUPPLEMENTAL ESCROW INSTRUCTIONS

Date: August 13, 2012
Escrow No.: FNT1211003-FTA50

TO: Fidelity National Title Agency, Inc.

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Parties to handle the transfer of said license direct and outside of escrow, including but not limited to, the payment of any and all fees and cost in connection with the transfer of same.

Fidelity National Title is hereby released of liability and or responsibility as to the costs, fees, conditions, time frame and regulations associated with a new liquor license.

All other terms and conditions remain the same.

Shadow Hills LLC, an Arizona Limited Liability company

BY: _____

L190-2 Shadow Mountain Golf Course LLC., a Nevada Limited Liability Company

BY: _____ Co Manager

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

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

1. Current Business: (Exactly as it appears on license) Name _____
   Address _____
2. New Business: (Physical Street Location) Name _____
   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) horizonal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

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

1. Distance to nearest school: 2.5 mi ft. Name of school Pearce Elementary
   Address 1487 E. School Rd Pearce AZ 85625
   City, State, Zip
2. Distance to nearest church: 1/4 mi ft. Name of church Church of Jesus Christ L.D.S.
   Address 214 W. Ford St., Pearce, AZ 85625
   City, State, Zip
3. I am the: ☐ Lessee ☐ Sublessee ☒ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name _____
   Address _____
   City, State, Zip

4a. Monthly rental/lease rate $_____ What is the remaining length of the lease ___ yrs. ____mos.

4b. What is the penalty if the lease is not fulfilled? $_____ or other _____
(give details - attach additional sheet if necessary)

5. What is the total **business** indebtedness for this license/location excluding the lease? $ 0
   Please list 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)? Restaurant/Golf Course

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.

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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 # 07020002 / 12023106 (exactly as it appears on license) Name Lynn H. Christensen

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:
Christensen, Lynn H and license #: 12023106
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.

LHC
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? October 1, 2012
month/day/year

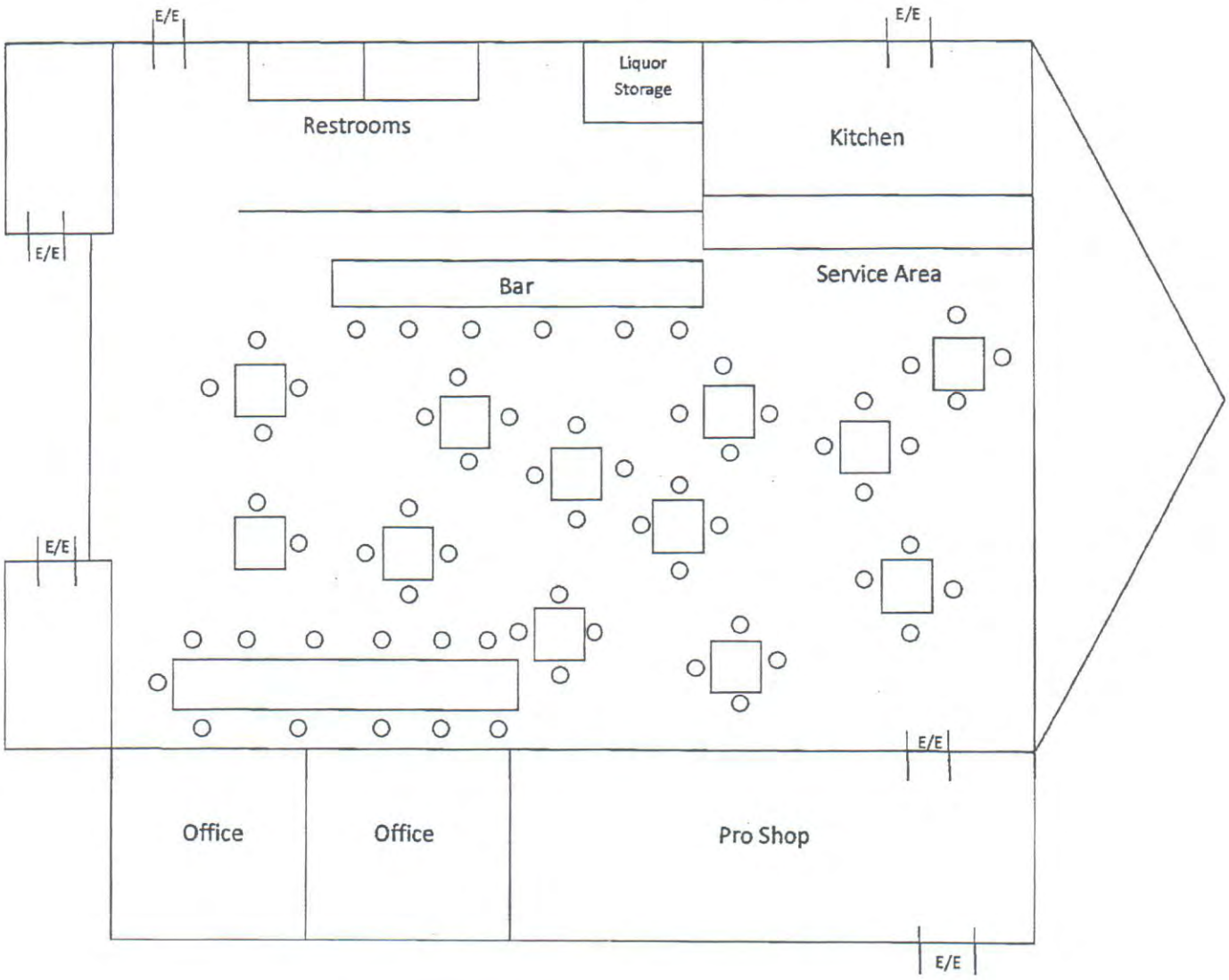
3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.

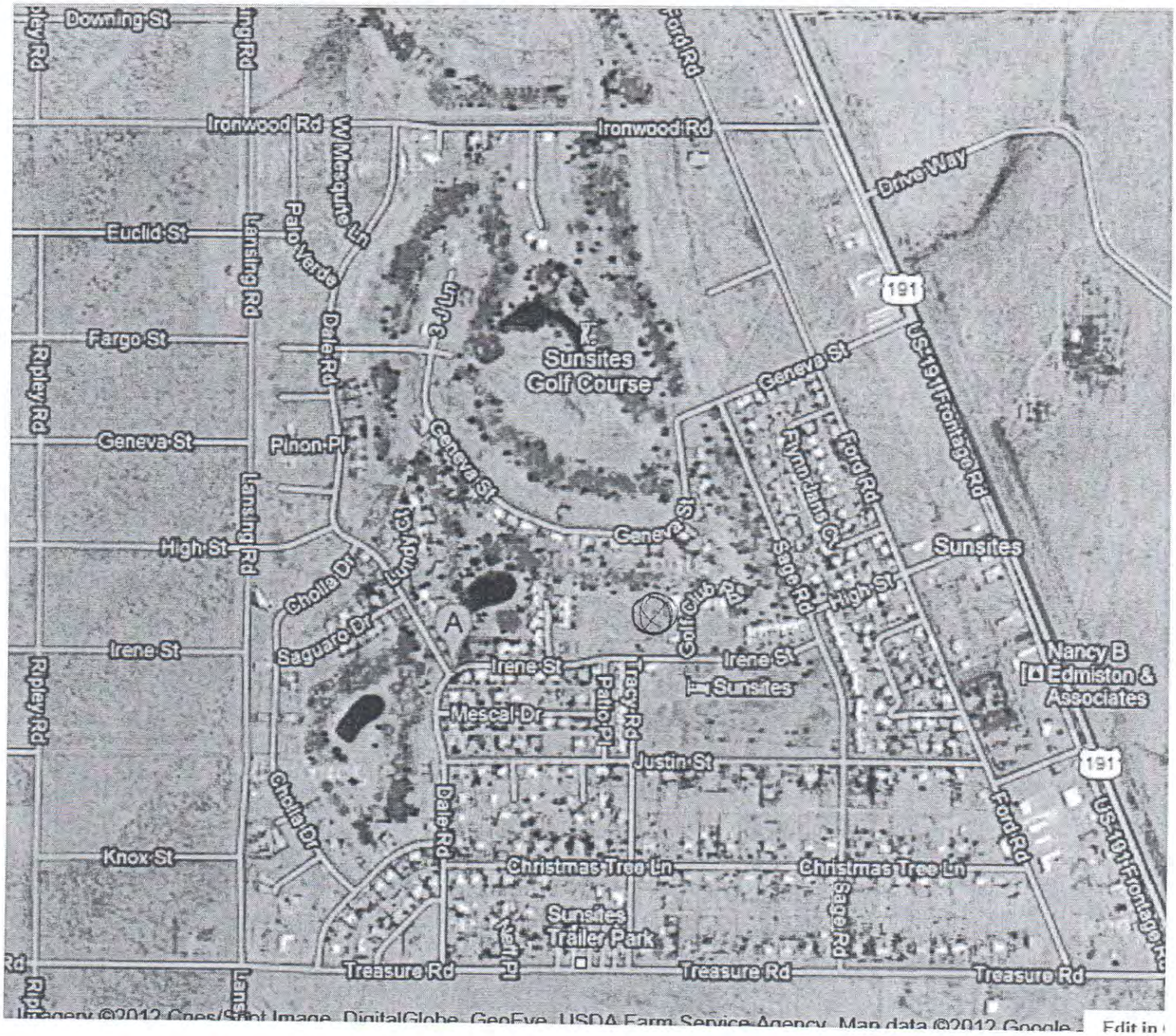
4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).

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.

LHC
applicants initials





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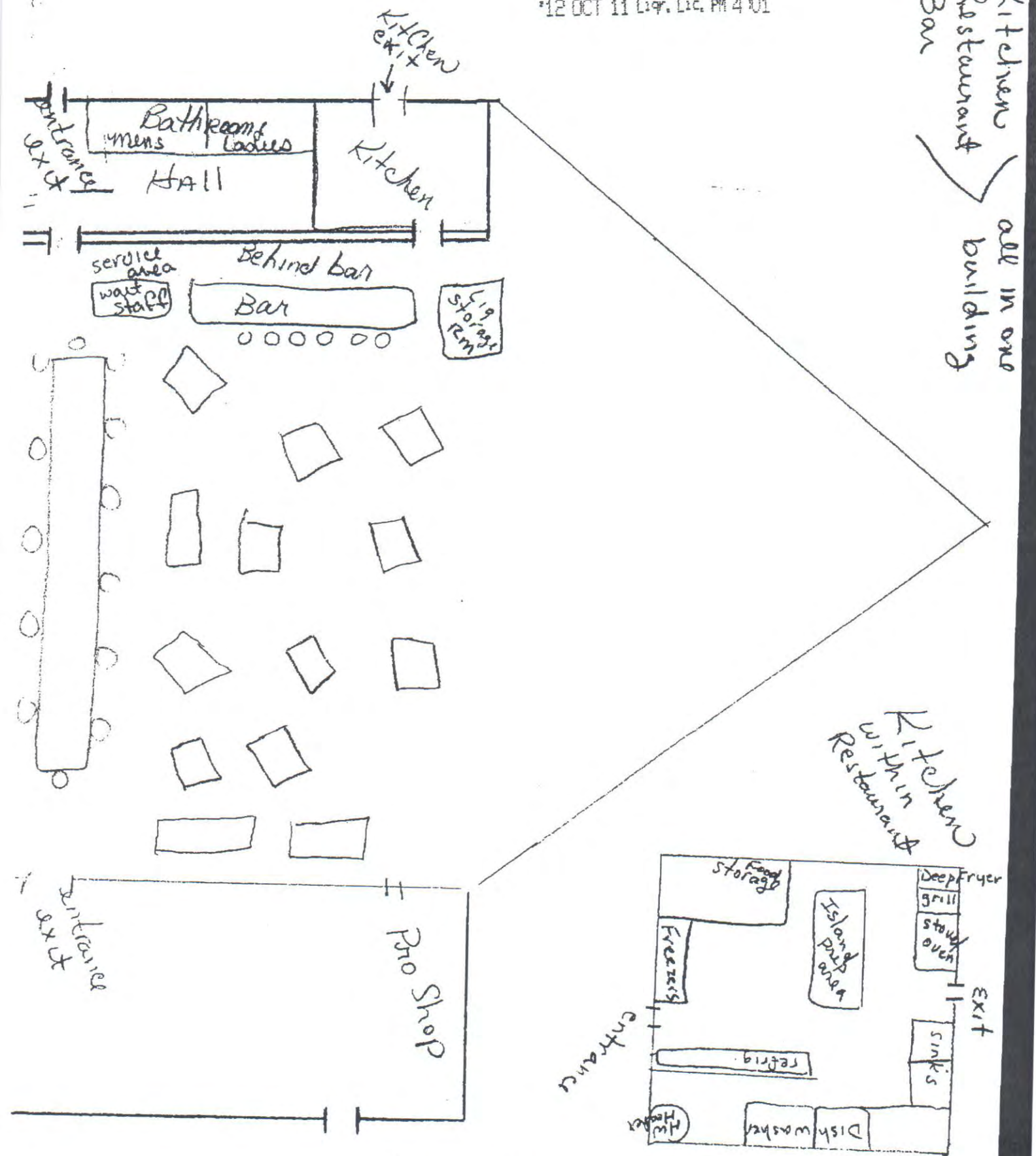

Kitchen
Restaurant
Bar

all in one building

1,500 Sqft.

Conceptual Layout

Block	Typical Lot Dimensions MTP*	Typical Lot Dimensions Proposed	Minimum Lot Dimensions Proposed	Density (RAC**) MTP*	Density (RAC**) Proposed	Maximum Number of Lots MTP*	Maximum Number of Lots Proposed
A	60' x 100'	40' x 100'	35' x 90'	7	11	82	120
B	70' x 120'	50' x 100'	45' x 95'	5	9	136	215
C	75' x 100'	50' x 100'	45' x 95'	6	9	82	125
D	40' x 90'	50' x 100'	45' x 95'	13	9	81	65
E	75' x 125'	50' x 100'	45' x 95'	5	9	80	150
F	40' x 100'	40' x 100'	35' x 90'	11	11	49	75
G	70' x 105'	40' x 100'	35' x 90'	6	11	21	50
H		40' x 100'	35' x 90'	NA	11	0	15
					Total	531	815

*MTP = Master Tentative Plat **RAC = Residences Per Acre

50' W 30' = 1500 Sq. Ft.

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