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COCHISE COUNTY  
BOARD OF SUPERVISORS

17 MAR 29 10:47 AM '17

Arizona Department of Liquor Licenses and Control  
800 W Washington 5th Floor  
Phoenix, AZ 85007-2934  
www.azliquor.gov  
(602) 542-5141

AMENDMENT

Parcel # 102-55-002

Application for Liquor License  
Type or Print with Black Ink

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE  
A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

SECTION 1 This application is for a:

- Interim Permit (Complete Section 5)
- New License (Complete Sections 2, 3, 4, 13, 14, 15, 16)
- Person Transfer (Complete Section 2, 3, 4, 12, 13, 14, 16)
- Location Transfer (Bars and Liquor Stores Only)  
(Complete Section 2, 3, 4, 11, 13, 14, 16)
- Probate/ Will Assignment/ Divorce Decree  
(Complete Sections 2, 3, 4, 9, 13, 14, 16)  
(Fee not required)
- Government (Complete Sections 2, 3, 4, 10, 13, 16)
- Seasonal

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)
- Tribe (Complete Section 6)
- Other (Explain) \_\_\_\_\_

SECTION 3 Type of license

1. Type of License: Series 6 - Bar

LICENSE # 06020012

SECTION 4 Applicants

1. Individual Owner/Agent's Name: Aguilera Thomas Robert  
Last First Middle

2. Owner Name: San Jose Peak Investments, LLC

(Ownership name for type of ownership checked on section 2)

3. Business Name: Turquoise Valley Golf Course and RV Park

(Exactly as it appears on the exterior of premises)

4. Business Location Address: 1794 W Newell Street Naco Arizona 85620 Cochise  
(Do not use PO Box) Street City State Zip Code County

5. Mailing Address: 4554 E Camp Lowell Dr Tucson Arizona 85712  
(All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: (520) 432-3091 Daytime Contact Phone: (520) 622-1557

7. Email Address: thomas@aguileralawgroup.com

8. Is the Business located within the incorporated limits of the above city or town?  Yes  No

9. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation?  Yes  No

If yes, what City, Town or Tribal Reservation is this Business located in: \_\_\_\_\_

10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store ( license only): \$ 25,000

Fees: <u>100.00</u> Application	<u>100.00</u> Interim Permit	Department Use Only	<u>600.00</u> Site Inspection	<u>600.00</u> Finger Prints	<u>2660.00</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>St</u>		Date: <u>3/28/17</u>		License # <u>06020012</u>	

**SECTION 5 Interim Permit**

- If you intend to operate business when your application is pending you will need an interim permit pursuant to ARS § 4-203.01
- There **MUST** be a valid license of the same type you are applying for currently issued to the location or for the replacement of a Hotel/Motel license with a Restaurant license pursuant to A.R.S. § 4-203.01.

1. Enter license number currently at the location: 0602 0012

2. Is the license currently in use?  Yes  No If no, how long has it been out of use?     

Attach a copy of the license currently issued at this location to this application.

<p>I, <u>Robert Roy Barnes</u> (Print Full Name)</p> <p>X <u>[Signature]</u> (Signature of Current Individual Owner/Agent)</p> <p>My Commission Expires <u>August 2018</u> COCHISE COUNTY My Commission Expires August 04, 2018</p>	<p>declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.</p> <p>State of <u>Arizona</u> County of <u>Cochise</u></p> <p>The foregoing instrument was acknowledged before me this <u>9th</u> day of <u>December</u>, <u>2014</u></p> <p><u>[Signature]</u> Signature of NOTARY PUBLIC</p>
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**SECTION 6 Individual, Partnership, J.T.W.R.O.S, Trust, Tribe Ownerships**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

**Individual**

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
<i>(This section is crossed out with a large diagonal line)</i>							

Is any person other than above, going to share in profit/losses of the business?  Yes  No  
If Yes, give name, current address, and telephone number of person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City	State	Zip Code	Phone #
<i>(This section is crossed out with a large diagonal line)</i>							

**Partnership**

Name of Partnership: \_\_\_\_\_

General-Limited	Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								

**J.T.W.R.O.S (Joint Tenant with Rights of Survivorship)**

Name of J.T.W.R.O.S: \_\_\_\_\_

Last	First	Middle	Mailing Address	City	State	Zip Code
<i>(This section is crossed out with a large diagonal line)</i>						

**SECTION 6 - continued**

**TRUST**

Name of Trust: \_\_\_\_\_

Last	First	Middle	Mailing Address	City	State	Zip Code

**TRIBE**

Name of Tribal Ownership: \_\_\_\_\_

Last	First	Middle	Mailing Address	City	State	Zip Code

**SECTION 7 Corporations/ Limited Liability Co**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

- Corporation Complete Questions 1, 2, 3, 4, 5, 6, and 7  
 L.L.C. Complete Questions 1, 2, 3, 4, 5, 6, and 7

1. Name of Corporation/ L.L.C.: San Jose Peak Investments, LLC  
 2. Date Incorporated/Organized: July 16, 2015 State where Incorporated/Organized: Arizona  
 3. AZ Corporation or AZ L.L.C File No: L19531545 Date authorized to do Business in AZ: July 21, 2015  
 4. Is Corp/L.L.C. Non Profit?  Yes  No  
 5. List Directors, Officers, Members in Corporation/L.L.C:

Last	First	Middle	Title	Mailing Address	City	State	Zip Code
See attached sheet							

(Attach additional sheet if necessary)

6. List all Stockholders / percentage owners who own 10% or more:

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
Cartun	David	Stuart	18.8679%	1009 S Dalewood Street	Bisbee	AZ	85603
Fawcett	Kent		18.8679%	4436 Chaparral Loop	Sierra Vista	AZ	85635
No one owns 10% or more							

(Attach additional sheet if necessary)

Please see attached flowchart

7. If the corporation/ L.L.C are owned by another entity, attach an Organizational **FLOWCHART** showing the structure of the ownership. Attach additional sheets as needed in order to disclose the Officers, Directors, Members, Managers, Partners, Stockholders and percentage owners of those entities.

ADDITIONAL SHEET  
 TURQUOISE VALLEY  
 Sec 7 Q 5

Name	Title	Address	Date of Taking Office	Last Updated
ROBERT BARNES	MEMBER	P O BOX 632 DOUGLAS, AZ 85607	09/08/2016	09/09/2016
RICHARD CARTUN	MEMBER	29 BRIAN LN AVON, CT 06001	09/08/2016	09/09/2016
* DAVID CARTUN	MEMBER	P O BOX 4128 BISBEE, AZ 85603	09/08/2016	09/09/2016
RICHARD BOYER	MEMBER	3017 LEAWOOD LOOP SIERRA VISTA, AZ 85650	09/08/2016	09/09/2016
COPPER QUEEN HOSPITAL	MEMBER	% DENNIS NELSON 101 COLE AVE BISBEE, AZ 85603	09/08/2016	09/09/2016
* KENT FAWCETT	MEMBER	436 CHAPARRAL LOOP SIERRA VISTA, AZ 85635	09/08/2016	09/09/2016
ALBERT DOUGLAS	MEMBER	6587 E MONTEZUMA CANYON RD HEREFORD, AZ 85615	09/08/2016	09/09/2016
ED SHELLER	MEMBER	1953 GOLFLINKS RD SIERRA VISTA, AZ 85635	09/08/2016	09/09/2016
SUSAN M RIDGEWAY	MEMBER	94 NEPTUNE AVE BISBEE, AZ 85603	09/08/2016	09/09/2016
MARY JANE RIDGEWAY	MEMBER	505 27TH TER BISBEE, AZ 85603	09/08/2016	09/09/2016



**SECTION 12 Person to Person Transfer**

Questions to be completed by Current Licensee (Bar and Liquor Stores Only- Series, 06, 07, and 09)

- 1. Individual Owner / Agent Name: BARNES Robert Royce Entity: Agent  
Last First Middle (Individual, Agent, Etc.)
- 2. Ownership Name: TURQUOISE VALLEY GOLF COURSE INC.  
(Exactly as it appears on license)
- 3. Business Name: TURQUOISE VALLEY GOLF COURSE  
(Exactly as it appears on license)
- 4. Business Location Address: 1794 W. NEWELL ST. NACO AZ 85620  
Street City State Zip
- 5. License Type: BAR License Number: 06020012
- 6. Current Mailing Address: P.O. Box 727 NACO AZ 85620  
Street City State Zip
- 7. Have all creditors, lien holders, interest holders, etc. been notified?  Yes  No
- 8. Does the applicant intend to operate the business while this application is pending?  Yes  No

If yes, complete Section 5 (Interim Permit) of this application; attach fee, and current license to this application.

9. I, (Print Full Name) Robert Royce Barnes 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) Robert Royce Barnes declare that I am the **CURRENT OWNER, MEMBER, PARTNER STOCKHOLDER or LICENSEE** of the stated license. I have read the above Section 12 and confirm that all statements are true, correct, and complete.

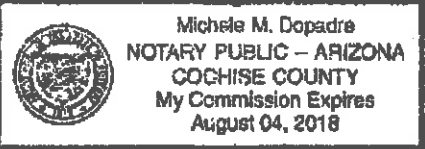
**NOTARY**

x *Robert Royce Barnes*  
(Signature of CURRENT Individual Owner/Agent)

State of Arizona county of Cochise  
The foregoing instrument was acknowledged before me this

My commission expires on: Aug 4 2018  
Date

04 of December, 2014  
Day Month Year



Michele M. Dopadre  
NOTARY PUBLIC - ARIZONA  
COCHISE COUNTY  
My Commission Expires  
August 04, 2018

*Michele M. Dopadre*  
Signature of NOTARY PUBLIC

**SECTION 13 Proximity to Church or School**

Questions to be completed by all in-state applicants.

**A.R.S. § 4-207.** (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building.

The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02) Series 12
- b) Hotel/motel license (§ 4-205.01) Series 11
- c) Microbrewery Series 3
- d) Craft Distillery Series 18

- e) Government license (§ 4-205.03) Series 5
- f) Fenced playing area of a golf course (§ 4-207(B)(5))
- g) Wholesaler Series 4
- h) Farm Winery Series 13

1. Distance to nearest School: 1584 ft Name of School: Naco Elementary School  
(if less than one (1) mile note footage)  
 Address: 1911 Valenzuela St, Naco AZ 85620

2. Distance to nearest Church: 1056 ft Name of Church: Naco Baptist Mission  
(if less than one (1) mile note footage)  
 Address: 1991 Dominguez St, Naco AZ 85620

**SECTION 14 Business Financials**

1. I am the:  Lessee  Sub-lessee  Owner  Purchaser  Management Company

2. If the premise is leased give lessors: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip

3. Monthly Rent/ Lease Rate: \$ \_\_\_\_\_

4. What is the remaining length of the lease? Yrs. \_\_\_\_\_ Months \_\_\_\_\_

5. What is the penalty if the lease is not fulfilled? \$ \_\_\_\_\_ or Other: \_\_\_\_\_  
(Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ 0.00  
Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
Member capital contributions							

(Attach additional sheet if necessary)

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

8. Has a license or a transfer license for the premises on this application been denied by the state with in the past (1) year?  Yes  No If yes, attach explanation.

9. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business?  Yes  No

10. Is the premises currently license with a liquor license?  Yes  No

If yes, give license number and licensee's name:

License #: 06020012 Individual Owner /Agent Name: Robert R. Barnes  
(Exactly as it appears on license)

**SECTION 15 Restaurant or hotel/motel license applicants**

- 1. Is there an existing Restaurant or Hotel/Motel Liquor License at the proposed location?  Yes  No
- 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 provided by the Department of Liquor Licenses and Control.
- 4. As stated in A.R.S. § 4-205.02. (H)(2), a Restaurant is an establishment which derives at least forty (40) percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from sales of food and spirituous liquor on the licensed premises. By applying for this  Restaurant  Hotel/Motel, I certify that I understand that I must maintain a minimum of forty (40) percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit form with this application.

\_\_\_\_\_  
(Applicant's Signature)

5. 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.

\_\_\_\_\_  
(Applicant's Initials)

**SECTION 16 Diagram of Premises**

Check ALL boxes that apply to your business:

- Entrances/Exits       Liquor storage areas      **Patio:**  Contiguous
- Walk-up windows       Drive-through windows       Non Contiguous

1. Is your licensed premises currently closed due to construction, renovation or redesign?  Yes  No

If yes, what is your estimated completion date? \_\_\_\_\_  
Month/Day/Year

- 2. **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. Place for diagram is on section 16 number 6.
- 3. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored on the premises unless it is a restaurant (see # 3 above).
- 4. 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.
- 5. 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 the boundaries, entrances, exits, added or deleted doors, windows, service windows or increase or decrease to the square footage after submitting this initial diagram.

\_\_\_\_\_  
(Applicant's Initials)

**SECTION 16 Diagram of Premises – continued**

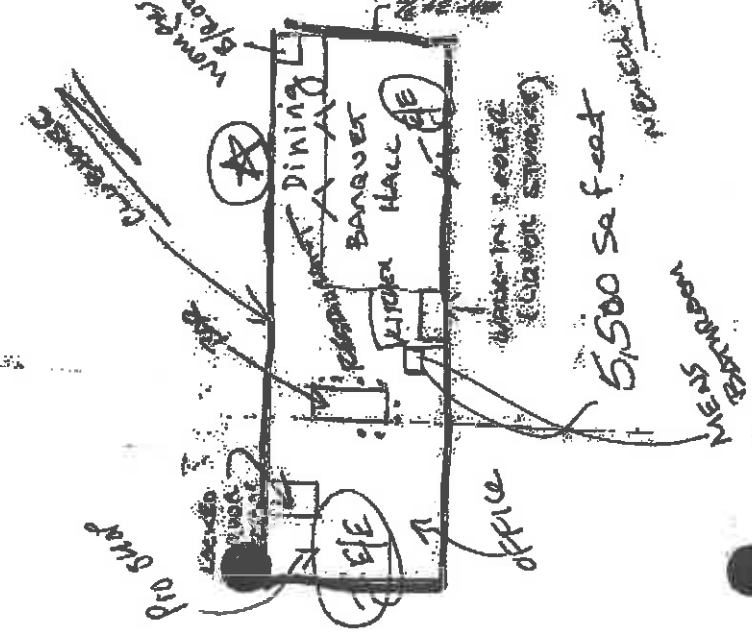
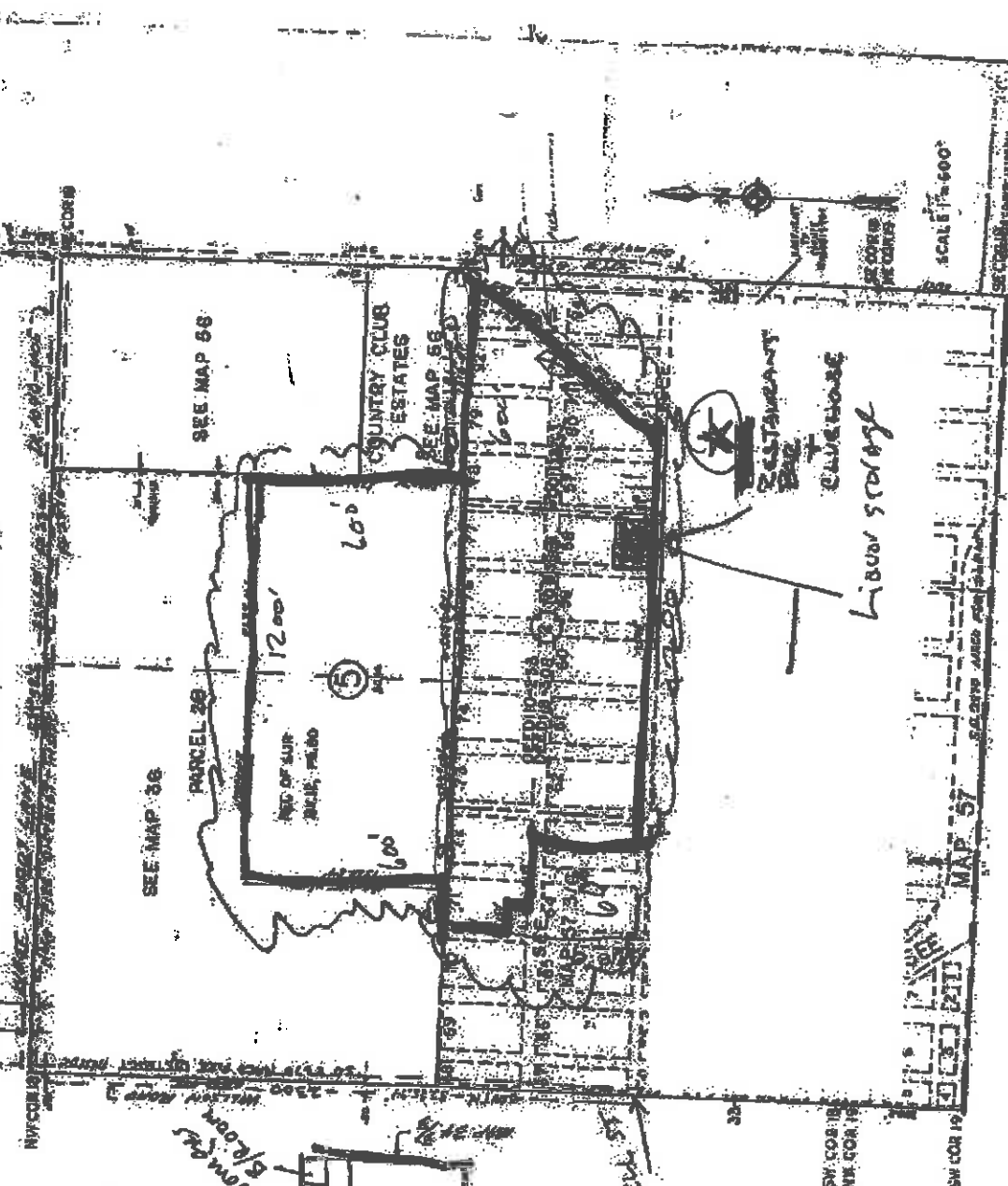
6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. DO NOT include parking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

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

**DIAGRAM OF PREMISES**

**Please see attached Diagram**

TURQUOISE VALLEY GOLF COURSE  
CLASS 6 PREMISES MAP



723,600 sq feet

SEE MAP 56  
SEE MAP 57  
SEE MAP 58  
SEE MAP 59  
SEE MAP 60  
SEE MAP 61  
SEE MAP 62  
SEE MAP 63  
SEE MAP 64  
SEE MAP 65  
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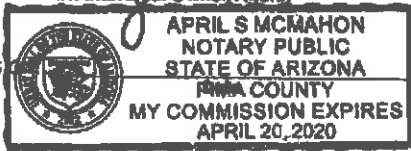
NOTARY

I, (Print Full Name) Thomas Robert Aguilera, hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1. I have read this application and verify all statements to be true, correct and complete.

X [Signature]  
(Signature of CURRENT Individual Owner/Agent)

State of Arizona County of Pima  
The foregoing instrument was acknowledged before me this

My commission expires



21 of March, 2017  
Day Month Year  
[Signature]  
Signature of NOTARY PUBLIC

**A.R.S. § 41-1030. Invalidity of rules not made according to this chapter, prohibited agency action; prohibited acts by state employees; enforcement; notice**

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.