



17 SEP 7 10:11 AM '17

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

DLCC USE ONLY

License # 06020084
Date Accepted: 9-7-17
CSR: C.A.

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 Type of License

- Interim Permit
New License
Person Transfer
Location Transfer (series 6, 7 and 9)
Probate/ Will Assignment/ Divorce Decree (No Fees)
Seasonal

SECTION 2 Type of Ownership

- J.T.W.R.O.S.
Individual
Partnership
Corporation
Limited Liability Co
Club
Government
Trust
Tribe
Other (Explain)

SECTION 3 Type of license

- Add Sampling Privilege for Series 9 and 10 only (Complete Sampling Privilege application)
Add Growler privileges (restaurant, series 12, license only. 300-foot restriction applies)

1.Type of License (restaurant, bar etc.): #6-Bar 2. LICENSE # (if issued): 06020084

SECTION 4 Applicants

- Agent's Name: LAMMI, Kimberly Kay
Applicant/Licensee Name: KL Mescal Bar and Grill, LLC
Business Name: Mescal Bar & Grill
Business Location Address: 70 N. Cherokee Benson AZ 85602 Cochise
Mailing Address: 9415 S. Leon Ranch Rd, Vail AZ 85641
Business Phone: (520) 586-3905 Daytime Contact Phone: (520) 591-4536
Email Address: Kimmilana@gmail.com
Is the Business located within the incorporated limits of the above city or town? No
If you checked no, in what City, Town, County or Tribal/Indian Community is this business located? Cochise Co.

Fees: Application \$100, Interim Permit \$100, Department Use Only \$0, Site Inspection \$0, Finger Prints \$44, Total of All Fees \$244.00
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? Yes

SECTION 5 Background Check

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD ALONG WITH \$22. PROCESSING FEE PER CARD.
 1. If the applicant is an entity, not an individual, answer questions 1 a-b.

a) Date Incorporated/Organized: 08/03/2017 State where Incorporated/Organized: Arizona

b) AZ Corporation or AZ L.L.C. File No: L-22080309 Date authorized to do business in AZ 08/28/2017

2. List any individual or entity that own a beneficial interest of 10 % or more and/or controls the license. If the applicant is owned by another entity, attach an organizational chart showing the ownership structure. Attach additional sheets as needed to disclose any controlling person, member, shareholder or general partner who owns a beneficial interest of 10 % or more of the license.

Last	First	Middle	Title	%Owned	Mailing Address	City	State	Zip
LAMMI	KIMBERLY	KAY	MANAGER	50%	9415 S. LEON RANCH RD.	VALE	AZ	85641
LAMMI	KEITH	ALAN	MANAGER	50%	9415 S. LEON RANCH RD.	VALE	AZ	85641

(Attach additional sheet if necessary)

SECTION 6 Interim Permit

If you intend to operate business while your application is pending you will need an interim permit pursuant to A.R.S.§4-203.01 For approval of an interim permit:

- There **must** be a valid license of the same series issued to the current location you are applying for **OR**
- A Hotel/Motel license is being replaced with a restaurant license pursuant to A.R.S.§4-203.01 (A)

1. Enter license number currently at the location: 06020084

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

I, (Signature) Stephen B Wolf declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.

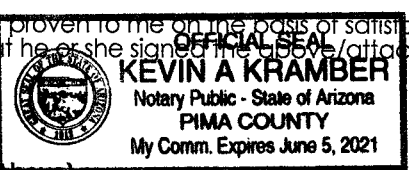
Attach a copy of the license currently issued at this location to this application.

NOTARY

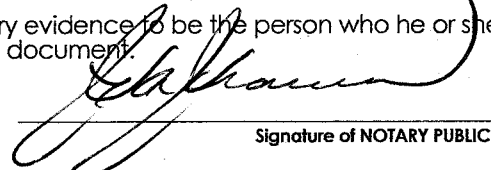
State of Arizona }
 County of Pima }

On this 15TH Day of August, 2017 before me personally appeared STEPHEN BRUCE WOLF
(Print Name of Document Signer)

Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.



KEVIN A KRAMBER
 Notary Public - State of Arizona
 PIMA COUNTY
 My Comm. Expires June 5, 2021



Signature of NOTARY PUBLIC

(Affix Seal Above)

SECTION 7 Probate, Receiver, Bankruptcy Trustee, Assignment, or Divorce Decree of an existing liquor license ARS § 4-204
 EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD ALONG WITH \$22. PROCESSING FEE PER CARD.

1. Current Licensee's Name: _____
 (Exactly as it appears on the license) Last First Middle

2. Assignee's Name: _____
 Last First Middle

License Number: _____

ATTACH A COPY OF THE DOCUMENT THAT SPECIFICALLY ASSIGNS THE LIQUOR LICENSE TO THE ASSIGNEE.

SECTION 8 Government (for Cities, Towns or Counties only)

1. Government Entity: _____
2. Person/Designee: _____
Last First Middle Daytime Contact Phone #

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

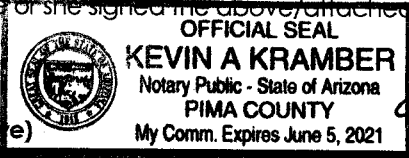
SECTION 9 Person to Person - Current Licensee Information ARS§4-203(C), (D), (G)
(Bar and Liquor Stores only - Series 06, 07 and 09)

1. License #: 06020084
2. Current Agent Name: WOOLF STEPHEN TRUCE
Last First Middle
3. Current Licensee Name: MESCAL BAR & GRILL, LLC
(Exactly as it appears on the license)
4. Current Business Name: MESCAL BAR & GRILL, LLC
(Exactly as it appears on the license)
5. Current Daytime Phone: (520) 400-1236 Primary Email Address: MESCALBARANDGRILL@YAHOO.COM
6. Does current licensee intend to operate the business while this application is pending? Yes No
7. I authorize the transfer of this license to the applicant: [Signature]
Signature of Agent or Individual controlling person

NOTARY

State of Arizona }
County of Pima }
On this 15TH Day of AUGUST, 2019 before me personally appeared STEPHEN TRUCE WOOLF
Day Month Year (Print Name of Document Signer)

Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.



[Signature]
Signature of NOTARY PUBLIC

SECTION 10 Proximity to Church or School - Questions to be completed by 6, 7, 9, 10 and 12G 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) Restaurants that do not sell growlers (A.R.S. §4-205.02) Series 12
 - b) Hotel/motel license (A.R.S. §4-205.01) Series 11
 - c) Microbrewery (A.R.S. §4-205.08) Series 3
 - d) Craft Distillery (A.R.S. §4-205.10) Series 18
 - e) Government license (A.R.S. §4-205.03) Series 5
 - f) Playing area of a golf course (A.R.S. §4-207 (B)(5))
 - g) Wholesaler/Distributor Series 4
 - h) Farm Winery Series 13
 - i) Producer Series 1

1. Distance to nearest School: 9 MILES Name of School: BENSON HIGH SCHOOL
 (If less than one (1) mile note footage) Address: 360 S. PATALONIA ST. BENSON, AZ 85602

2. Distance to nearest Church: 4,224 FT. Name of Church: PEACE IN THE VALLEY LUTHERAN
 (If less than one (1) mile note footage) Address: 551 S. J G RANCH RD. BENSON, AZ 85602

SECTION 11 Business Financials A.R.S. §4-202(F)

1. I am the:

- Tenant: a person who holds the lease of a property; a lessee.
- Sub-tenant: a person who holds a lease which was given to another person (tenant) for all or part of a property.
- Owner
- Purchaser
- Management Company

2. If the premises is leased give lessors: Name: N/A
 Address: N/A
Street City State Zip

3. What is the penalty if the lease is not fulfilled? \$ N/A or Other: N/A

4. Total money borrowed for the Business not including lease? \$ 322,000.00

Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
WESLEY	BOZ	GRILL, LLC	322,000.00	3217 W. ACOMA PL.	BENSON	AZ	85602

(Attach additional sheet if necessary)

5. Has a license or a transfer license for the premises on this application been denied by the state within the past year?
 Yes No If yes, attach explanation.

6. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business?
 Yes No If yes, attach explanation.

SECTION 12 Diagram of Premises

Check ALL boxes that apply to your business:

Walk-up or drive-through windows

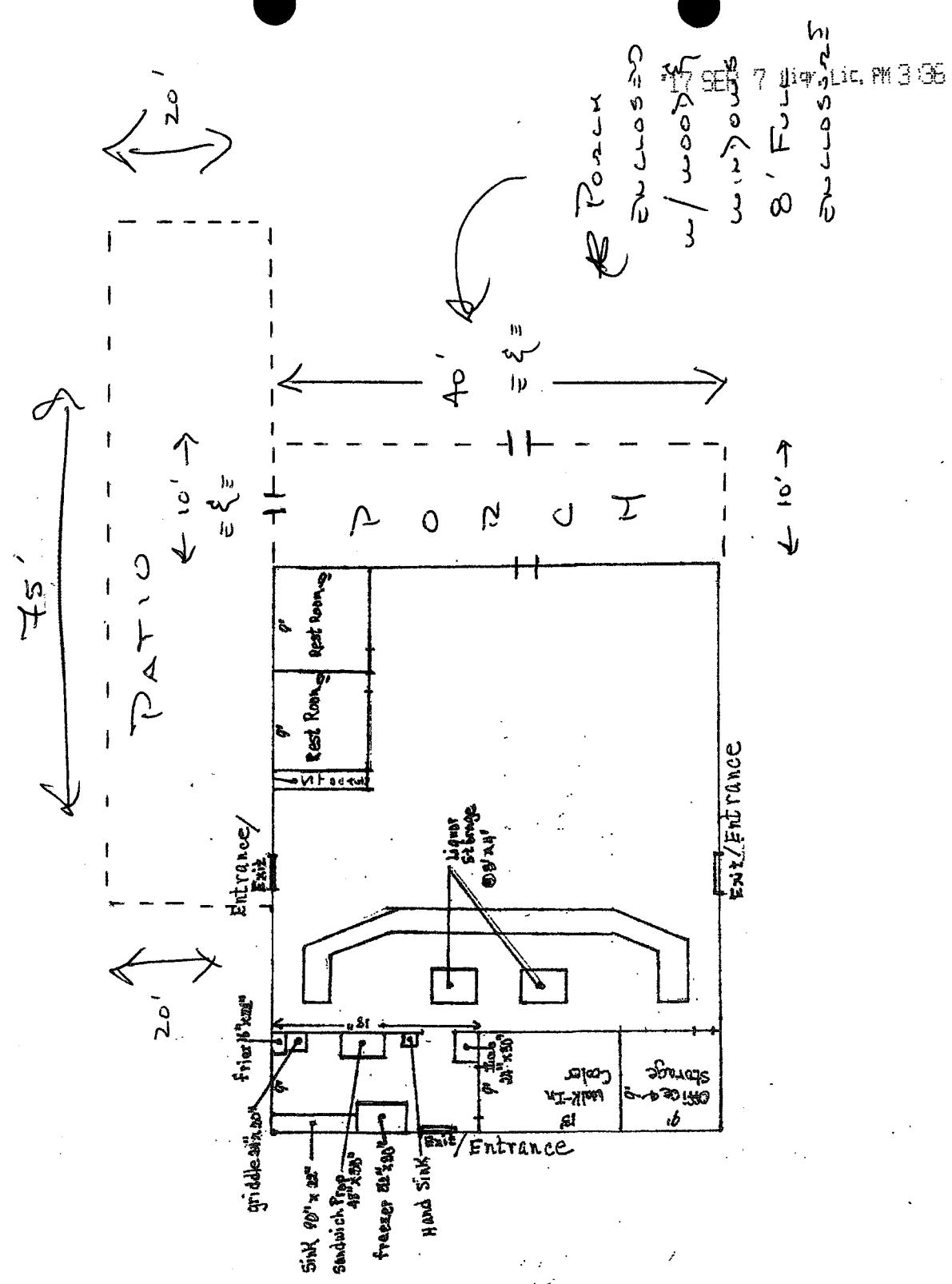
Patio: Contiguous Non-Contiguous within 30 feet

1. Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
 Yes No If yes, what is your estimated completion date? N/A

Please attach a diagram of the premises which clearly show only the areas where spirituous liquor will be sold, served, consumed, dispensed, possessed or stored. Include all entrances, exits, interior walls, bar areas, dining areas, dance floor, stage, game room and the kitchen. **DO NOT INCLUDE** parking lots, living quarters or areas where business is not conducted under this liquor license. When completing your premises diagram, please identify which orientation is North.

SECTION 12 CONT.
 "MECHANICAL CORNER"
 PATIO ENCLOSED w/ 6' CHAIN LINK FENCING & WOOD FENCING

Approx. 2,000 SQ. FT.



2. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed areas such as parking lots, living quarters, etc.

3. 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 service areas or the square footage of the licensed premises, either by increase or decrease.

KL
Applicants Initials

RESTAURANTS AND HOTELS/MOTELS ONLY

(IMPORTANT NOTE: A site inspection must be conducted prior to activation of the license. The fee of \$50.00 will be due and payable upon submitting this application.)

4a. Provide a detailed drawing of the kitchen and dining areas, including the locations of all kitchen equipment and dining furniture, these are required as part of the diagram. A.R.S. §4-205.02(C)

4b. Provide a restaurant operation plan.

SECTION 13 SIGNATURE BLOCK

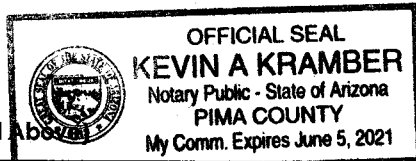
I, (Signature) Kimberly Kay Lammis, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

NOTARY

State of Arizona)
County of Pima)

On this 15TH Day of August, 2017 before me personally appeared Kimberly Kay Lammis
(Print Name of Document Signer)

Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.



[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.



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

QUESTIONNAIRE
A.R.S. §4-202, 4-210
Type or Print with Black Ink

804498

The fees allowed by A.R.S. §4-6852 will be charged for all dishonored checks. P1078923 C.A.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

Attention applicant: This is a sworn document. Type or print in black ink. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or the subsequent revocation of a license or permit.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A FINGERPRINT CARD. FINGERPRINTS ON FBI APPROVED CARDS ARE ACCEPTED FROM THE DEPARTMENT OF LIQUOR, LAW ENFORCEMENT AGENCIES, OR A BONA FIDE FINGERPRINT SERVICE. FINGERPRINT FEES WILL VARY. IN ADDITION TO THE FINGERPRINT FEE OF \$13 CHARGED BY THE DEPARTMENT OF LIQUOR, A \$22.00 ARIZONA DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK FEE PER FINGERPRINT CARD WILL ALSO BE CHARGED.

Liquor License#: 06020084
(If the location is currently licensed)

1. Check the Appropriate Box

Form with checkboxes for Controlling Person, Agent, and Manager.

2. Name: LAMMI Kimberly Kay Birth Date: (NOT a public record)

3. Social Security #: Driver License #: State: ARIZONA

4. Place of birth: CLOQUET MN USA Height: 5'10" Weight: 175 Eyes: Green Hair: Brown

5. Name of current/most recent spouse: LAMMI KATH LEAN N/A Birth Date: (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: 2014

7. Daytime telephone number: (520) 591-4536 E-mail address: KIMMILANA@gmail.com

8. Business Name: MESCAL BAR & GRILL Business Phone: 520/586/3905

9. Business Location Address: 70 N. CHEROKEE BENSON COCHISE 85602

10. List your employment or type of business during the past five (5) years. If unemployed, retired, student list residence address.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
07/2010	CURRENT	RENT	9415 S. LEON RANCH RD.	YAIL	AZ	85641
09/2014	07/2010	RENT	15110 W. AZAVACA TRD.	AMADO	AZ	85645
11/2013	09/2014	RENT	728 47TH AVE. E	DULUTH	MN	55804
05/2010	11/2013	RENT	5365 W. HWY 73	MOOSE LAKE	MN	55767

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years?
(Must provide the DLLC-approved certificate of completion issued by a course provider.) Yes No
14. Have you been 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 five (5) years? (For traffic violations, include only those that are alcohol and/or drug related.) A.R.S. §4-202 Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses pending against you? Include only criminal traffic tickets and complaints. A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you, the subject of which involved fraud or misrepresentation. Yes No
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in? A.R.S. §4-202(D) Yes No


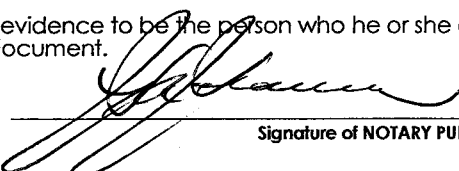
If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.

CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED

Signature Block

I, (Print Name) Kimberly Kay Lammi, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

SIGNATURE: Kimberly Kay Lammi

<u>NOTARY</u>	
State of Arizona	}
County of <u>PIMA</u>	
On this <u>15</u> Day of <u>AUGUST</u> , 20 <u>17</u>	before me personally appeared <u>Kimberly Kay Lammi</u> (Print Name of Document Signer)
whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the foregoing document.	
 KEVIN A. KRAMBER Notary Public - State of Arizona PIMA COUNTY My Comm. Expires June 5, 2021	 Signature of NOTARY PUBLIC
(Affix Seal Above)	

SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

I, (Print Full Name) _____, hereby authorize the person named on this questionnaire to act as manager for the named liquor license.

SIGNATURE: _____



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

**ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS**

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), nonimmigrant, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

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 a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I - APPLICANT INFORMATION

INDIVIDUAL OWNER/AGENT NAME (Print or type)

Kimberly Kay Lamm

SECTION II - CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States?

Yes

No

If **Yes**, indicate place of birth:

City CLOQUET State (or equivalent) MN Country or Territory USA

If you answered **Yes**, 1) Attach a legible copy of a document from the attached list.

2) Name of document:
Go to Section IV.

2. DRIVER'S LICENSE

If you answered **No**, you must complete Section III and IV.

SECTION III – ALIEN STATUS DECLARATION

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 a document from the attached list or other document as evidence of your status.

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/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject 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.] Non immigrants 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

- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

SECTION IV - DECLARATION

All applicants must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

Kimberly Kay Lamm

Individual Owner/Agent Printed Name

08 / 15 / 2017

Today's Date

Kimberly Kay Lamm

Individual Owner/Agent Signature

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

You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

Evidence showing authorized presence in the United State includes the following:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification card.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. ***Passport must be signed***
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

17 SEP 7 Lig. Lic. PM 3 36

Arizona DRIVER LICENSE USA

9 CLASS D
 9a END NONE
 12 REST NONE
 1 LAMMI
 2 **KIMBERLY KAY**
 5 PO BOX 738
 ARIVACA, AZ 85601-0738

4d DLN
 3 DOB

4b EXP **11/11/2050** 4a ISS **07/24/2015**
 16 SEX F 18 EYES GRN
 16 HGT 5-10" 19 HAIR BRN
 17 WGT 175 lb

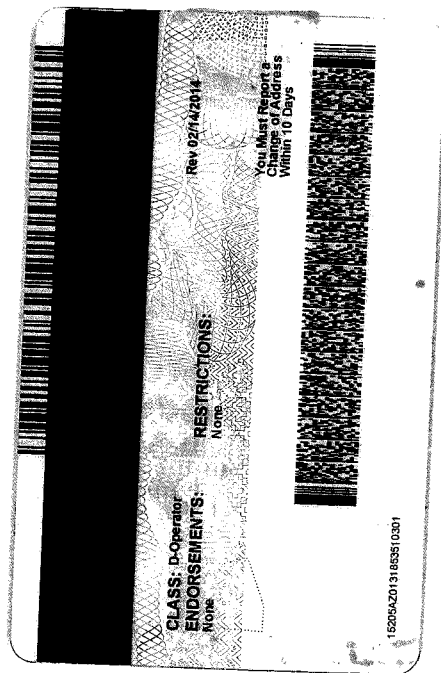
DONOR 

6 DD 1552A4317L0854KS

Kimberly Kay




17 SEP 7 Lic. Lic. PM 3:36



17 SEP 7 Liqu. Lic. PM 3:36



Arizona Department of Liquor Licenses and Control
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QUESTIONNAIRE
A.R.S. §4-202, 4-210
Type or Print with Black Ink

804.498

The fees allowed by A.R.S. §4-6852 will be charged for all dishonored checks. P1078974 C.A.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

Attention applicant: This is a sworn document. Type or print in black ink. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or the subsequent revocation of a license or permit.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A FINGERPRINT CARD. FINGERPRINTS ON FBI APPROVED CARDS ARE ACCEPTED FROM THE DEPARTMENT OF LIQUOR, LAW ENFORCEMENT AGENCIES, OR A BONA FIDE FINGERPRINT SERVICE. FINGERPRINT FEES WILL VARY. IN ADDITION TO THE FINGERPRINT FEE OF \$13 CHARGED BY THE DEPARTMENT OF LIQUOR, A \$22.00 ARIZONA DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK FEE PER FINGERPRINT CARD WILL ALSO BE CHARGED.

Liquor License#: 06020084
(if the location is currently licensed)

1. Check the Appropriate Box

Form with checkboxes for Controlling Person, Agent, and Manager.

2. Name: LAMMI, KEITH, ALAN Birth Date: (NOT a public record)

3. Social Security #: (NOT a public record) Driver License #: State: ARIZONA

4. Place of birth: SANDSTONE MN USA Height: 5'11" Weight: 230 Eyes: BRO Hair: BRO

5. Name of current/most recent spouse: LAMMI KIMBERLY KAY KOIVISTO Birth Date: (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: 2014

7. Daytime telephone number: (218) 565-0731 E-mail address: keithlammi@yahoo.com

8. Business Name: MEDICAL TRAC & CARE Business Phone: 520/586/3905

9. Business Location Address: 70 N. CHEROKEE BENSUN AZ COCHISE 85602

10. List your employment or type of business during the past five (5) years. If unemployed, retired, student list residence address.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
07/2010	CURRENT	RENT	9415 S. LEON RANCH RD.	YAIL	AZ	85641
09/2014	07/2010	RENT	15110 W. ANA YACA RD.	AMAZO	AZ	85645
11/2013	09/2014	RENT	728 47 TH AVE. E	DULUTH	MN	55804
05/2010	11/2013	RENT	5365 W. HWY 73	MOOSE LAKE	MN	55767

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent will you be physically present and operating the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years? (Must provide the DLLC-approved certificate of completion issued by a course provider.) N/A Yes No
14. Have you been 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 five (5) years? (For traffic violations, include only those that are alcohol and/or drug related.) A.R.S. §4-202 Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses pending against you? Include only criminal traffic tickets and complaints. A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you, the subject of which involved fraud or misrepresentation. Yes No
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions.
CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED

Signature Block

I, (Print Name) Keith Alan Lamm, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

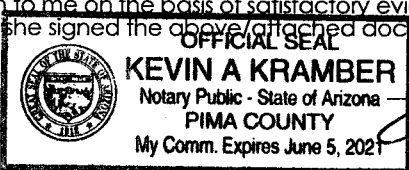
SIGNATURE: [Signature]

NOTARY

State of Arizona
 County of Pima }

On this 15TH Day of August, 2017 before me personally appeared Keith Alan Lamm
Day Month Year (Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.



KEVIN A KRAMBER
 Notary Public - State of Arizona
 PIMA COUNTY
 My Comm. Expires June 5, 2021

[Signature]
 Signature of NOTARY PUBLIC

(Affix Seal Above)

SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

I, (Print Full Name) _____, hereby authorize the person named on this questionnaire to act as manager for the named liquor license.

SIGNATURE: _____



STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

Douglas A. Ducey
GOVERNOR

September 7, 2017

John Cocca
DIRECTOR

Kimberly Kay Lammi
Mescal Bar & Grill
9415 S. Leon Ranch Rd.
Vail, AZ 85641
Re: Transfer of Liquor License No. 06020084

Dear Mrs. Lammi,

The following information is required to continue processing your application:

Proof of required Liquor Law Training for persons involved in the day to day operations of the business per substantive policy as outlined below.

- Completion of the Liquor Law Training Courses is required prior to issuance of a license. Such training must have been completed within the last three years.
- The person(s) required to attend both the Basic Liquor Training and Management Training, (either on sale or off sale), will include the following: owner(s), licensee/agent or manager(s) who are actively involved in the day to day operations of the business.
- Before acceptance of a Managers Questionnaire and/or Agent Change for an existing license, proof of attendance for the Basic Liquor Law and Management Training (either on sale or off sale) will be required.

If you have any questions, please contact me at (602) 364-0674 or e-mail me at Cynthia.abrigo@azliquor.gov.

Thank you,

Cynthia Abrigo
Customer Service Representative

Enclosures



Arizona Department of Liquor Licenses and Control **PM 3:16**
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

17 SEP 7 04:14 PM 3:16

STATEMENT OF LEGAL OR EQUITABLE INTEREST

NOTE: This document must be signed by both the licensee and the interest holder. Filing this form with the License and Control does not create a lien. This form is for notification purposes only.

Information provided on this form is NOT to be relied upon for determining the ownership of a license. This form's purpose is only to give the Arizona Department of Liquor notice of interests, and to entitle the interest holder to certain notices regarding Arizona Department of Liquor disciplinary actions.

INTEREST HOLDER DATA:

Interest Holder's Name: WESCAL BAZAN & GRILL, LLC (STEPHEN WOLFF, MAN. / CONNIE WOLFF, WOM.)
 Mailing Address: 3217 W. ALOMA PL. TUCSON AZ 85602
 Business Phone: N/A Daytime Contact Number: (520) 400-1236
 Email Address: WESCALBAZAN@YAHOO.COM

The licensee or prospective licensee, hereby grants to the above named interest holder, a legal and/or equitable interest in the designated spirituous liquor license, pursuant to and in accordance with that certain UCC-1, SECURITY AGREEMENT (Describe document that generated this interest, i.e. security agreement, etc.) hereinafter called Collateral Agreement, between the licensee and the interest holder, said is dated: 09/06/17 and which Collateral is incorporated herein by reference. An executed copy of the Collateral Agreement will be located and available for inspection and reproduction at: STEWART TITLE & TRUST 3939 E. BROADWAY BLVD. TUCSON, AZ 85711 (Insert business name and address where Collateral Agreement is located)

This statement is filed in accordance with A.R.S. §4-112.B(3) and A.A.C. R19-1-407. The statement of legal or equitable interest shall allow the person filing said statement to participate in the proceedings and shall not in any manner bind the Director or the State Liquor Board concerning the matter under consideration. The parties acknowledge and agree that all notices will be made with the parties at the addresses shown herein above, unless same are changed in writing and delivered to the Department of Liquor Licenses and Control.

NOTARY

I, Print Name STEPHEN WOLFF, have read this document and the contents and all statements are true, correct and complete.

x [Signature] State of ARIZONA County of PIMA
 The foregoing instrument was acknowledged before me this

My commission expires on: JUNE 5, 2021 15TH of AUGUST 2017
 Day Month Year

[Signature]
 Signature of NOTARY PUBLIC

OFFICIAL SEAL
KEVIN A KRAMBER
 Notary Public - State of Arizona
 PIMA COUNTY
 My Comm. Expires June 5, 2021

LICENSEE DATA:

Licensee/Applicant's Name: Lamm, Kimberly Kay
(Exactly as it appears on the license/application) Last First Middle

Owner Name: KL MEDICAL BAR AND GRILL, LLC
(Corporation, LLC, Partnership, etc.)

Mailing Address: 9415 S. LEON RANCH RD. YAVAPAI, AZ 85641

Location Address: 70 N. CHEROKEE BENSON, AZ 85602
(Exactly as it appears on the license)

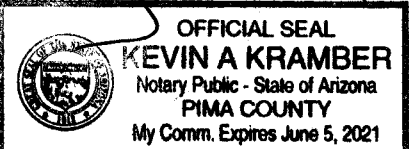
License Number: 06020084 Phone Number: (520) 586-3905

NOTARY

I, Print Name Kimberly Kay Lamm, have read this document and the contents and all statements are true, correct and complete.

x Kimberly Kay Lamm State of ARIZONA County of Pima
The foregoing instrument was acknowledged before me this

My commission expires on: JUNE 5, 2021 15TH of AUGUST, 2017
Day Month Year



OFFICIAL SEAL
KEVIN A. KRAMBER
Notary Public - State of Arizona
PIMA COUNTY
My Comm. Expires June 5, 2021

[Signature]
Signature of NOTARY PUBLIC

A.A.C. R-19-1-407

FILING OF LEGAL OR EQUITABLE INTEREST

- A. In accordance with A.R.S. Section 4-112.B.3, all persons having a legal or equitable interest in a spirituous liquor license shall file with the director a statement of such interest on a form prescribed and furnished by the department. Notice of termination of such interest shall be filed in writing by the interest holder upon final determination of the interest. Interest holders shall immediately file amended statements to reflect any change in the current statements presently on file.
- B. The director may periodically, by notice to the holders of interests filed under this rule and under A.R.S. Section 4-112.B.3, require such interest holders to verify in writing to the director that the statement presently on file is currently correct and accurate and, if not, such interest holder shall immediately file an amended statement or termination notice. If no response is received by the director within thirty (30) days of the mailing of such notice, the interest shall be deemed terminated.
- C. All persons having filed statements of interest in accordance with this rule and the statute shall be given notice of all matters and/or actions affecting or regarding the spirituous liquor license in which they have an interest.
- D. Notice as required in C above shall be fully effective by mailing a copy thereof by registered or certified mail in a sealed envelope with postage prepaid and addressed to such person at his address shown by the statement on file with the director. Service of such notice shall be complete when deposited in the U.S. Mail.
- E. All interest holders who are entitled to receive notice as provided for herein above shall have the right to appear and participate in person and through counsel in any hearing held before the board or director affecting the subject spirituous liquor license as his interests may appear.
- F. The statement of legal or equitable interest shall allow the person filing said statement to participate in the proceedings and shall not in any manner bind the director or the State Liquor Board concerning the matter under consideration.

STATE OF ARIZONA

DEPARTMENT OF LIQUOR LICENSES
AND CONTROL
ALCOHOLIC BEVERAGE LICENSE

License 06020084

Issue Date: 2/12/2007

Issued To:
STEPHEN BRUCE WOOLF, Agent
MESCAL BAR & GRILL, LLC, Owner

Location:
MESCAL BAR & GRILL, LLC
70 N CHEROKEE
BENSON, AZ 85602

Expiration Date: 6/30/2018

Mailing Address:

STEPHEN BRUCE WOOLF
MESCAL BAR & GRILL, LLC
MESCAL BAR & GRILL, LLC
3217 W ACOMA PL
BENSON, AZ 85602



EXP 6/30/2018

POST THIS LICENSE IN A CONSPICUOUS PLACE