

JOSEPH ORME LEWIS
MELISSA FORBES LEWIS
LEWIS FAMILY TRUST DATED 7/9/2004

ManagING MEMBER
MEMBER

99.00
1.00

**LEWIS FAMILY TRUST DATED 7/9/2004 -
TRUSTEE
SUNNY TEMPE INVESTMENTS LLC - ManagING
MEMBER**

Name: JOSEPH ORME LEWIS
Gender: Male
Correspondence Address: 536 E WAGON BLUFF DRIVE
TUCSON, AZ 85704
USA
Phone: (602)740-3916
Alt. Phone:
Email: JOSEPH@THREALESTATEBROKERS.BIZ

**LEWIS FAMILY TRUST DATED 7/9/2004 -
TRUSTEE
SUNNY TEMPE INVESTMENTS LLC - MEMBER**

Name: MELISSA FORBES LEWIS
Gender: Female
Correspondence Address: 536 E WAGON BLUFF DRIVE
TUCSON, AZ 85704
USA
Phone: (520)488-3969
Alt. Phone: (602)451-4360
Email: MELISSA@TABETOPSETC.NET

SUNNY TEMPE INVESTMENTS LLC -

Name: LEWIS FAMILY TRUST DATED 7/9/2004
Contact Name: KEVIN ARNOLD KRAMBER
Type: TRUST
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 536 E WAGON BLUFF DRIVE
TUCSON, AZ 85704
USA
Phone: (520)235-5684
Alt. Phone:
Email: KKRAMBER75@GMAIL.COM

MANAGERS

Name: MARGARET L WOLVERTON
Gender: Female
Correspondence Address: 536 E WAGON BLUFF DRIVE
TUCSON, AZ 85704
USA
Phone: (520)488-3969
Alt. Phone:
Email: MARGARET@GOLFVISBEE.COM

APPLICATION INFORMATION

Application Number: 43974
Application Type: Owner Transfer
Created Date: 12/21/2018

QUESTIONS & ANSWERS

006 Bar

- 1) 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. Would you like to apply for an Interim Permit?
Yes
A Document of type INTERIM PERMIT is required.
- 4) Have you submitted a questionnaire? Each person listed must submit a questionnaire and mail in a fingerprint card along with a \$22. processing fee per card.
Yes
- 5) Is the Business located within the incorporated limits of the city or town of which it is located?
No
- 6) 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
If Yes, what City, Town or Tribal Reservation is this Business located in?
Cochise County
- 15) Please provide name, address, and Distance of nearest school.
Naco Elementary
1911 W. Valenzuela St., Naco, AZ 85620
1,100 feet
- 16) Please provide name, address, and distance of nearest church.
Naco Christian Church
1991 W. Dominguez St., Naco, AZ 85620
880 feet
- 17) Are you a tenant? (A person who holds the lease of a property; a lessee)
Yes
A Document of type SUPPLEMENTAL INFO is required.
- 18) Is there a penalty if lease is not fulfilled?
Yes
What is the penalty?
Landlord Lockout

- 19) Are you a sub-tenant? (A person who holds a lease which was given to another person (tenant) for all or part of a property)
No
- 20) Are you the owner?
No
- 21) Are you a purchaser?
No
- 22) Are you a management company?
No
- 23) What is the total money borrowed for the business not including the lease?
Please list lenders/people owed money for the business.
None, Capital Contribution
- 24) Is there a drive through window on the premises?
No
- 25) Have you provided a diagram of your premises?
Yes
- 26) If there is a patio please indicate contiguous or non-contiguous within 30 feet.
No
- 27) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
QUESTIONNAIRE	Kramber Q Attach ASF Passport.pdf	12/21/2018
ALIEN STATUS	Kramber Q Attach ASF Passport.pdf	12/21/2018
QUESTIONNAIRE	J. Lewis Q.pdf	12/21/2018
QUESTIONNAIRE	M. Lewis Q.pdf	12/21/2018
QUESTIONNAIRE	Wolverton Mgr Q.pdf	12/21/2018
INTERIM PERMIT	Cartun Sect. 5.pdf	12/21/2018
BILL OF SALE	Cartun Sect 9 & Bill Of Sale.pdf	12/21/2018
DIAGRAM/FLOOR PLAN	Floor Plans.pdf	12/21/2018
SUPPLEMENTAL INFO	LLC Flowchart.pdf	12/21/2018
	Clean Floor Plan.pdf	12/28/2018

State of Arizona
Department of Liquor Licenses and Control

IP

Created 01/04/2019 @ 03:00:22 PM

Local Governing Body Report

LICENSE

Number: INP020004247 Type: INP INTERIM PERMIT
Name: TURQUOISE VALLEY GOLF COURSE & RV PARK
State: Active
Issue Date: 01/04/2019 Expiration Date: 04/19/2019
Original Issue Date: 01/04/2019
Location: 1794 W NEWELL STREET
NACO, AZ 85620
USA
Mailing Address: 536 E WAGON BLUFF DRIVE
TUCSON, AZ 85704
USA
Phone: (520)488-3969
Alt. Phone: (520)235-5684
Email: KKRAMBER75@GMAIL.COM

AGENT

Name: KEVIN ARNOLD KRAMBER
Gender: Male
Correspondence Address: 536 E WAGON BLUFF DRIVE
TUCSON, AZ 85704
USA
Phone: (520)235-5684
Alt. Phone:
Email: KKRAMBER75@GMAIL.COM

OWNER

Name: SUNNY TEMPE INVESTMENTS LLC
Contact Name: KEVIN ARNOLD KRAMBER
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: L11066714 State of Incorporation: AZ
Incorporation Date: 03/31/2014
Correspondence Address: 536 E WAGON BLUFF DRIVE
TUCSON, AZ 85704
USA
Phone: (520)235-5684
Alt. Phone:
Email: KKRAMBER75@GMAIL.COM

Officers / Stockholders

Name: Title: % Interest:

JOSEPH ORME LEWIS
MELISSA FORBES LEWIS
LEWIS FAMILY TRUST DATED 7/9/2004

ManagING MEMBLLC
MEMBER

99.00
1.00

**LEWIS FAMILY TRUST DATED 7/9/2004 -
TRUSTEE
SUNNY TEMPE INVESTMENTS LLC - ManagING
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Name: JOSEPH ORME LEWIS
Gender: Male
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Email: JOSEPH@THREALESTATEBROKERS.BIZ

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SUNNY TEMPE INVESTMENTS LLC -

Name: LEWIS FAMILY TRUST DATED 7/9/2004
Contact Name: KEVIN ARNOLD KRAMBER
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Email: MARGARET@GOLFVISBEE.COM

APPLICATION INFORMATION

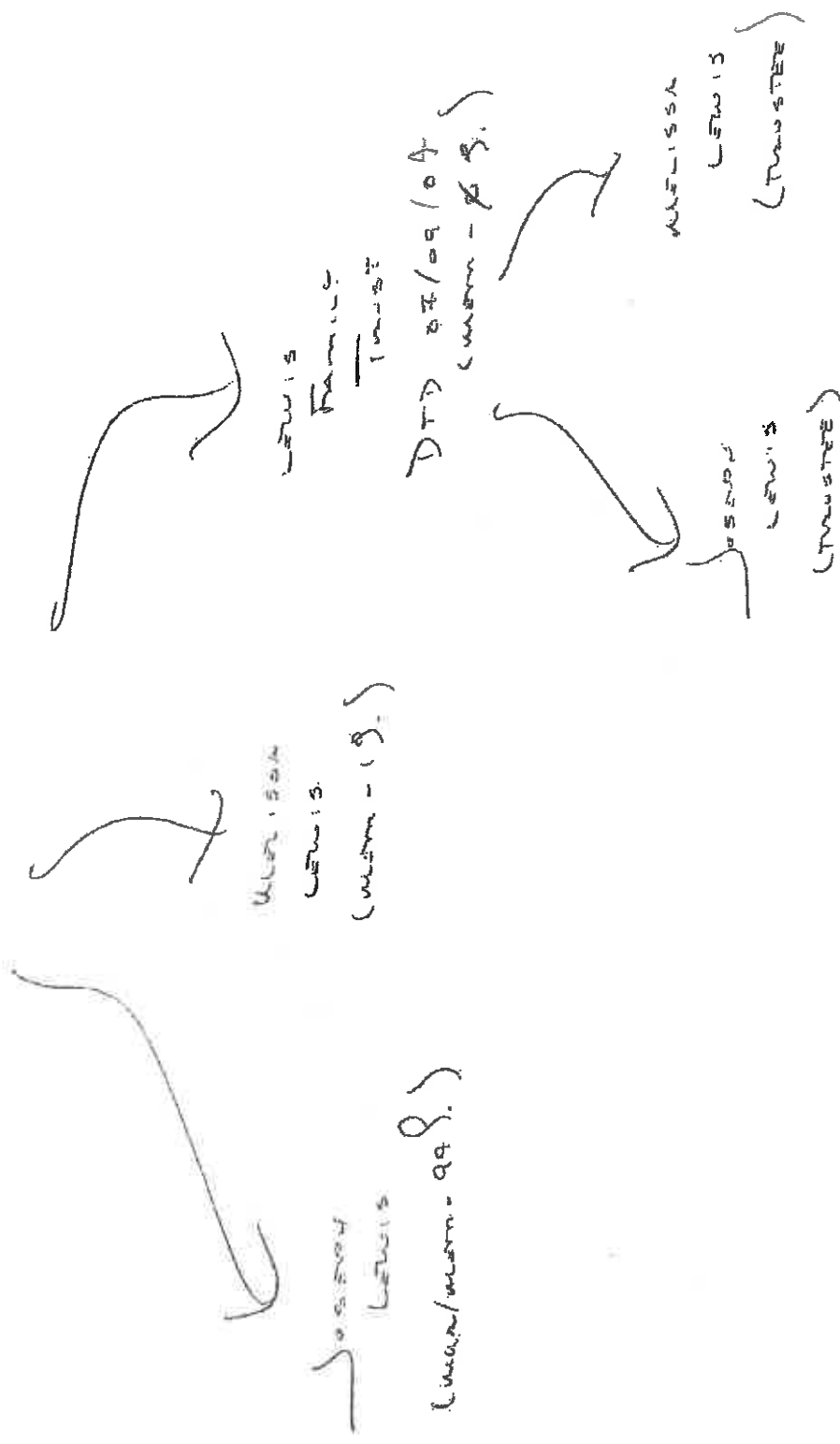
Application Number: 43975
Application Type: New Application
Created Date: 12/21/2018

QUESTIONS & ANSWERS

INP Interim Permit

- 1) Enter License Number currently at location
06020012
- 2) Is the license currently in use?
Yes
- 3) Please submit section 5, page 6, of the license application when you reach the upload page.
Yes

Sunny Temple Investments, LLC



19 JAN 4 12:41 PM '11



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

19 JAN 4 10:06 AM '12

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

The fees allowed by R19-1-102 will be charged for all dishonored checks.

FP current #16-17

ATTENTION APPLICANT: This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor license#: 413974

1. Check the appropriate box →

Controlling Person Agent Premises Manager
 (complete all questions except #12)

2. Name: Kramber Kevin Arnold Birth Date: 06/30/72
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: Arizona

4. Place of birth: Buffalo MN USA Height: 6'03" Weight: 235 Eyes: Blu Hair: Bro
City State COUNTRY (not country)

5. Name of current/most recent spouse: Kramber Michele Rene Birth Date: 04/06/72
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: 1976

7. Daytime telephone number: 520.235.5684 E-mail address: kkramber75@gmail.com

8. Business Name: Paradise Valley Golf Course & RV Park Business Phone: 520/488/3969

9. Business Location Address: 1794 W. NEWELL ST. MCGO AZ COCHISE 85626
Street (do not use PO Box) City State County Zip

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

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (Street Address, City, State & zip)
01/2009	CURRENT	Real Estate Salesperson	Town West Realty, Inc., 3002 N. Campbell Ave. #200, Tucson, AZ 85719
05/2009	Current	Co-Owner	AZLiquorTraining.Com, LLC, 536 E. Wagon Bluff Dr., Tucson, AZ 85704
03/2008	Current	Owner/Consultant	DBL K Liquor Consulting, LLC, 536 E. Wagon Bluff Dr., Tucson, AZ 85704

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
11/1995	CURRENT	536 E. Wagon Bluff Dr., Tucson, AZ 85704

(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 DCLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
N/A
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) 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 or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions.

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) Kevin Arnold Kramber hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: [Signature]

State of Arizona County of Pima

The foregoing instrument was acknowledged before me this

My Commission Expires on: 02-27-2020
Date

21st Day of December 2018
Day Month Year



Brett M Long
Notary Public
Pima County, Arizona
My Comm. Expires 02-27-2020

[Signature]
Signature of Notary

The Licensee has authorized the person named on this questionnaire to act as manager for the above license.

PRINT NAME: _____ SIGNATURE: _____

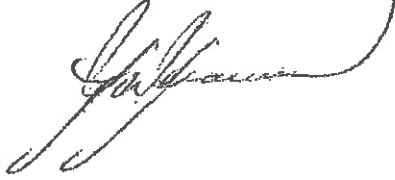
QUESTIONNAIRE CONTINUED

KEVIN ARNOLD KRAMER

Questions 14:

On Thursday October 26, 2017 I was served with a lawsuit which involved Zuffa, LLC versus Manuel Cordova, et al. It is Civil Action Number 4:17-CV-00495-BPV United States District Court in Arizona. The subject of the lawsuit involves the alleged illegal broadcasting of a July 29, 2017 UFC fight at my client's licensed premises, The Neighborhood, LLC, DBA "Neighborhood", Pima County Liquor License Number 06100149. I am the Agent on behalf of the Licensee and as Agent I have been included in the lawsuit.

On November 3, 2017 I was dismissed without prejudice from the lawsuit.

A handwritten signature in black ink, appearing to read "Kevin Arnold Kramer", is written over the text of the second paragraph. The signature is fluid and cursive, with a large loop at the end.



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) Kevin Arnold Kramber

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 Buffalo State (or equivalent) Minnesota Country or Territory USA

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

2) Name of document: US Passport
 Go to Section IV.

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 Federated 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).

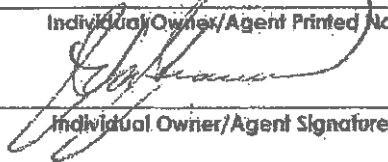
SECTION IV - DECLARATION

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.

Kevin Arnold Kramber

Individual Owner/Agent Printed Name



Individual Owner/Agent Signature

12/10/18

Today's Date

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.



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

19 JAN 4 09P. 114 PM 3 42

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

The fees allowed by R19-1-102 will be charged for all dishonored checks.

804-67p

ATTENTION APPLICANT: This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor license#: 43974

1. Check the Appropriate Box →

<input checked="" type="checkbox"/> Controlling Person	<input type="checkbox"/> Agent <input type="checkbox"/> Premises Manager <small>(complete all questions except #12)</small>
--	---

2. Name: Lewis Joseph Orme Birth Date: 07/26/66
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver license #: [REDACTED] State: Arizona

4. Place of birth: Phoenix AZ USA Height: 6'0" Weight: 215 Eyes: Hzi Hair: Bro
City State COUNTRY (not country)

5. Name of current/most recent spouse: Lewis Melissa Forbes Birth Date: 05/22/65
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: 1966

7. Daytime telephone number: 602.740.3916 E-mail address: Joseph@therealestatebrokers.biz

8. Business Name: Turquoise Valley Golf Course & RV Park Business Phone: 520/488/3909

9. Business Location Address: 1794 W. Newell St. Naco AZ Cochise 85620
Street (do not use PO Box) City State County Zip

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

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
01/1998	CURRENT	Owner	The Real Estate Brokers, 514 S. Mill Ave., Tempe, AZ 85281

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
02/2003	CURRENT	241 E. 15th St., Tempe, AZ 85281

(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 DLEC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) 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 or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.
 Give complete details including dates, agencies involved and dispositions.
 CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) Joseph Orme Lewis hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: *Joseph Orme Lewis* State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 12th Day of December, 2018

Day Month Year

Janina Holly Pennington
Signature of Notary

My Commission Expires 3/9/2020

JANINA HOLLY PENNINGTON
NOTARY PUBLIC - ARIZONA
Maricopa County Date
Commission # 508018
My Commission Expires
March 9, 2020

The Licensee has authorized the person named on this questionnaire to act as manager for the above license.

PRINT NAME: _____ SIGNATURE: _____



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

19 JAN 4 10:11 AM '12

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204-674

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1. Check the Appropriate Box. →

Liquor License#: 438174

<input checked="" type="checkbox"/> Controlling Person	<input type="checkbox"/> Agent	<input type="checkbox"/> Premises Manager <small>(complete all questions except #12)</small>
--	--------------------------------	---

2. Name: Lewis Melissa Forbes Birth Date: 05/22/65
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: Arizona

4. Place of birth: Lynn MA USA Height: 5'09" Weight: 168 Eyes: Hzi Hair: Bro
City State COUNTRY (not county)

5. Name of current/most recent spouse: Lewis Joseph Orme Birth Date: 07/26/66
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7. Daytime telephone number: 602.451.4360 E-mail address: melissa@tabetopsetc.net

8. Business Name: Turquoise Valley Golf Course & RV Park Business Phone: 520/468/3969

9. Business Location Address: 1794 W. Newell St. Naco AZ Cochise 85620
Street (do not use PO Box) City State County Zip

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

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS <small>(Street Address, City, State & Zip)</small>
04/2003	CURRENT	Owner	Table Tops Etc., 803 N. 7th St., Phoenix, AZ 85006

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
02/2003	CURRENT	241 E. 15th St., Tempe, AZ 85281

(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 DLIC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) 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 or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. Has an entity in which you are or have been a controlling person had an application of license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions.
 CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

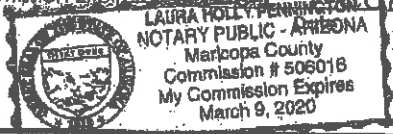
NOTARY

I (Print Full Name) Melissa Forbes Lewis hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: Melissa Forbes Lewis State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 12th Day of December, 2018

My Commission Expires on March 9, 2020



LAURA HOLLY PENNINGTON
NOTARY PUBLIC - ARIZONA
Maricopa County
Commission # 506018
My Commission Expires
March 9, 2020

Day Month Year

Laura Holly Pennington
Signature of Notary

The licensee has authorized the person named on this questionnaire to act as manager for the above license.

PRINT NAME: _____ SIGNATURE: _____



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

29 JAN 4 11P. 15 PM 312

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

The fees allowed by R19-1-102 will be charged for all dishonored checks.

80467P

ATTENTION APPLICANT: This is a legally binding document. Please type or print in **black ink**. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 43974

1. Check the Appropriate Box →

<input type="checkbox"/> Controlling Person	<input type="checkbox"/> Agent	<input checked="" type="checkbox"/> Premises Manager (complete all questions except #12)
---	--------------------------------	---

2. Name: WOLVERTON, MARGARET L. Birth Date: 11/14/1958
Last First Middle (NOT a public record)

3. Social Security #: ~~XXXXXXXXXX~~ Driver License #: ~~XXXXXXXXXX~~ State: Arizona

4. Place of birth: CHICAGO IL USA Height: 5'11" Weight: 120 Eyes: Green Hair: Brown
City State COUNTRY (not county)

5. Name of current/most recent spouse: ERANIK JANE ELLEN Birth Date: 12/17/1961
Last First Middle (NOT a public record)

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

7. Daytime telephone number: (520) 488-3969 E-mail address: MARGARET@GOLFBISSBEE.COM

8. Business Name: TRANQUIL VALLEY GOLF COURSE & RV PARK Business Phone: 1 / 1

9. Business Location Address: 1794 W. NEWELL ST. NAJO AZ COCHISE 85620
Street (do not use PO Box) City State County Zip

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

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
09/2018	CURRENT	F&B MANAGER	TRANQUIL VALLEY GOLF COURSE 1794 W. NEWELL ST. NAJO AZ 85620
08/2015	09/2013	MANAGER	TRIO RICO GOLF CLUB 1123 PONDLETON DR. TRIO RICO, AZ 85648
04/2014	CURRENT	OWNER	ERIK'S BISCUIT BAKERY 192 POLVO ST. TRIO RICO, AZ 85648
09/2010	04/2014	REALTOR	42-111 BELL ESTATE 9201 MONTGOMERY ALBUQUERQUE, NM 87111

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
12-1-18	CURRENT	8848 S. ENCLAW WAY, HEREFORD, AZ 85615
10-1-14	12-1-18	192 POLVO CT., RIO RICO, AZ 85648
10-1-11	10-1-14	11 CALISON LN, ELGIN, AZ 85611
10-1-09	10-1-11	74 ROGERSVILLE RD, CERRILLOS, NM 85701

(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 DLI approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) 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 or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions.

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) MARGARET L. WOLVERTON hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

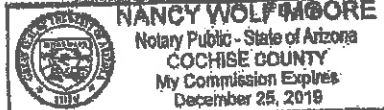
Signature: Margaret L. Wolverton

State of Arizona County of Cochise

The foregoing instrument was acknowledged before me this

19th Day of December, 2018

My Commission Expires on: 12/25/2019



Nancy Wolf Moore
Signature of Notary

The Licensee has authorized the person named on this questionnaire to act as manager for the above license.

PRINT NAME: Kevin Anthony Hernandez SIGNATURE: [Signature]

Certificate # 5610rONpOk

**Certificate of Completion
For
On Premise Basic course (3 hours)**

<input checked="" type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input type="checkbox"/>	On- and off-sale

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

Margaret Wolverton

Full Name (please print)

Margaret A. Wolverton
Signature

December 30, 2018

Training Completion Date

December 30, 2021

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AzLiquorTraining.com

Company Name

536 E. Wagon Bluff Drive, Tucson, AZ 85704

Mailing Address

(520) 235-5684

Daytime Contact Phone Number

KEVIN A. KRAMBER (ON LINE)

Instructor Name (please print)

certify that the above named individual did successfully complete

Title 4 BASIC Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

Kevin A. Kramber
Instructor Signature

30 / 12 / 2018
Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

In-state Microbrewery (series 3)
Conveyance (series 8)
Restaurant (series 12)

Government (series 5)
Liquor Store (series 9)
In-state Farm Winery (series 13)

Bar (series 6)
Private Club (series 14)

Beer & Wine Bar (series 7)
Hotel/Motel w/restaurant (series 11)
Beer & Wine Store (series 10)

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

19 JAN 2 11:41 AM '13

Certificate # B4060S2piZ

Certificate of Completion For On/Off Premise Management (2 hours)

<input type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input checked="" type="checkbox"/>	On- and off-sale

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

Margaret Wolverton

Full Name (please print)

Margaret Wolverton
Signature

December 30, 2018

Training Completion Date

December 30, 2021

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AzLiquorTraining.com

Company Name

536 E. Wagon Bluff Drive, Tucson, AZ 85704

Mailing Address

(520) 235-5684

Daytime Contact Phone Number

19 JAN 2 09:13 AM 1984

KEVIN A. KRAMBER (ON LINE)

Instructor Name (please print)

certify that the above named individual did successfully complete

Title 4 BASIC Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

Kevin A. Kramber
Instructor Signature

30 / 12 / 2018

Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

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Conveyance (series 8)
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Government (series 5)
Liquor Store (series 9)
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The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.



Date: 12 / 17 / 18

To Whom It May Concern:

The enclosed fingerprint cards for MELISSA FORBES LEWIS represent the best possible fingerprints. A combination of cornhusker lotion and glycerin was used to increase the ridge quality and rolled numerous times through the livescan system.

We have enclosed two fingerprint cards which reflect the best possible prints attainable.

Michael Douglas
Fingerprint Technician

AZLS#202d

BILL OF SALE

FOR VALUABLE CONSIDERATION of Ten Dollars (\$10.00) along with other valuable consideration San Jose Peak Investments, LLC as Seller, hereby grants, bargains, sells and transfers to Sunny Tempe investments, LLC, as Buyer, to have and to hold forever, Arizona State Cochise County Series 6 Liquor License # 06020012.

FURTHERMORE, Seller warrants it is the lawful owner of the License, that it has the right, to sell/transfer the License and that the License is free and clear of all claims and liens whatsoever. Seller further agrees to warrant and defend the same against the lawful claims and demands of all persons whomsoever.

DATED this 18th day of December 2018:

SELLER: San Jose Peak Investments, LLC

David Cartun

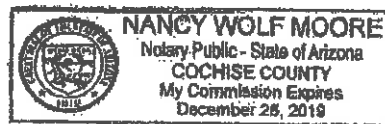
By: David Cartun
Its: Member

STATE OF ARIZONA)
) : ss.
COUNTY OF ~~PIMA~~ Cochise)

The foregoing instrument was acknowledged before me this 18th day of December 2018 by David Cartun.

Nancy Wolf Moore
Notary Public

My Commission Expires: 12/25/2019



19 JAN 4 10:11 AM '19