

MITCHELL AND YOLANDA WEBSTER TRUST MEMBER 80.00
SUSAN ANN BURKHART & LISA LOUISE FUSCO MEMBER 20.00
JTRS

**SUSAN ANN BURKHART & LISA LOUISE FUSCO
JTRS - JOINT TENANT**

Name: SUSAN ANN BURKHART
Gender: Female
Correspondence Address: PO BOX 16282
PORTAL, AZ 85632
USA
Phone: (413)896-0680
Alt. Phone:
Email: SUEBURKHART@GMAIL.COM

WEBSTER ENDEAVORS LLC - MEMBER

Name: MITCHELL AND YOLANDA WEBSTER TRUST
Contact Name: MITCHELL RYAN WEBSTER
Type: TRUST
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: PO BOX 16282
PORTAL, AZ 85632
USA
Phone: (520)820-1994
Alt. Phone:
Email: PORTALLODGE@GMAIL.COM

**MITCHELL AND YOLANDA WEBSTER TRUST -
TrUSTEE**

Name: MITCHELL RYAN WEBSTER
Gender: Male
Correspondence Address: PO BOX 16282
PORTAL, AZ 85632
USA
Phone: (520)820-1994
Alt. Phone:
Email: PORTALLODGE@GMAIL.COM

WEBSTER ENDEAVORS LLC - MEMBER

Name: SUSAN ANN BURKHART & LISA LOUISE FUSCO JTRS
Contact Name: MITCHELL RYAN WEBSTER
Type: JTWROS
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: PO BOX 16282
PORTAL, AZ 85632
USA
Phone: (520)820-1994
Alt. Phone:
Email: PORTALLODGE@GMAIL.COM

**SUSAN ANN BURKHART & LISA LOUISE FUSCO
JTRS - JOINT TENANT**

Name: LISA LOUISE FUSCO
Gender: Female
Correspondence Address: PO BOX 16282
PORTAL, AZ 85632
USA
Phone: (413)218-7823
Alt. Phone:
Email: LLFUSCO@COMCAST.NET

APPLICATION INFORMATION

Application Number: 66121
Application Type: New Application
Created Date: ~~05/31/2019~~ 6-19-19 AP

QUESTIONS & ANSWERS

011 Hotel / Motel

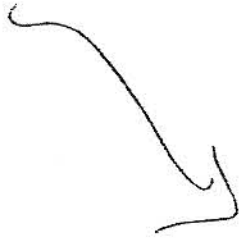
- 1) If you intend to operate the business while your application is pending you will need an interim permit pursuant to A.R.S. §4-203.01. Would you like to apply for an Interim Permit?
If yes, after completing this application, please go back to your Licensing screen, under New License Application choose "Interim Permit" from the drop-down window.
No
- 2) 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
- 3) Are you a tenant? (A person who holds the lease of a property; a lessee)
No
- 4) Is there a penalty if lease is not fulfilled?
No
- 5) 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
- 6) Are you the owner?
Yes
- 7) Are you a purchaser?
No
- 8) Are you a management company?
No
- 9) Is the Business located within the incorporated limits of the city or town of which it is located?
No
If no, in what City, Town, County or Tribal/Indian Community is this business located?
Cochise Co.
- 10) What is the total money borrowed for the business not including the lease?
Please list lenders/people owed money for the business.
\$140,000.00
Peter & Francis Grill
837 Noland Rd., Portal, AZ 85632

- 11) Have you provided a diagram of your premises?
Yes
- 12) Is there a drive through window on the premises?
No
- 13) If there is a patio please indicate contiguous or non-contiguous within 30 feet.
Yes, contiguous
- 14) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No
- 15) Have you provided a Restaurant Operation Plan form?
Yes
- 16) Have you provided a Records Required for Audit form?
Yes

DOCUMENTS

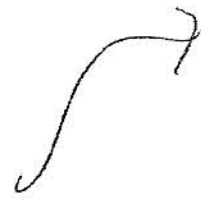
DOCUMENT TYPE	FILE NAME	UPLOADED DATE
DIAGRAM/FLOOR PLAN	Beer Wine menu.pdf	05/31/2019
DIAGRAM/FLOOR PLAN	Breakfast .pdf	05/31/2019
QUESTIONNAIRE	Burkhart Q.pdf	05/31/2019
DIAGRAM/FLOOR PLAN	Flow Chart.pdf	05/31/2019
QUESTIONNAIRE	Fusco Q.pdf	05/31/2019
DIAGRAM/FLOOR PLAN	Mexican menu.pdf	05/31/2019
RECORDS REQUIRED FOR AUDIT	Records Required For Audit.pdf	05/31/2019
RESTAURANT OPERATION PLAN	Rest Op Plan.pdf	05/31/2019
DIAGRAM/FLOOR PLAN	Restaurant floor plan.pdf	05/31/2019
DIAGRAM/FLOOR PLAN	Sandwich menu .pdf	05/31/2019
DIAGRAM/FLOOR PLAN	Series 11 app cover letter .pdf	05/31/2019
ALIEN STATUS	Webster Q ASF DL.pdf	05/31/2019
QUESTIONNAIRE	Webster Q ASF DL.pdf	05/31/2019

WEBSTER FAVORABLE, LLC

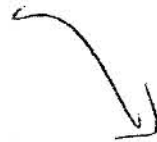


MITCHELL AND
YOUNG WEBSTER
TRUST
(MEM - 80%)

MITCHELL
WEBSTER
(TRUSTEE)



SUSAN ANN BURKHART &
LISA LOUISE FUSCO, ITMS
(MEM - 20%)



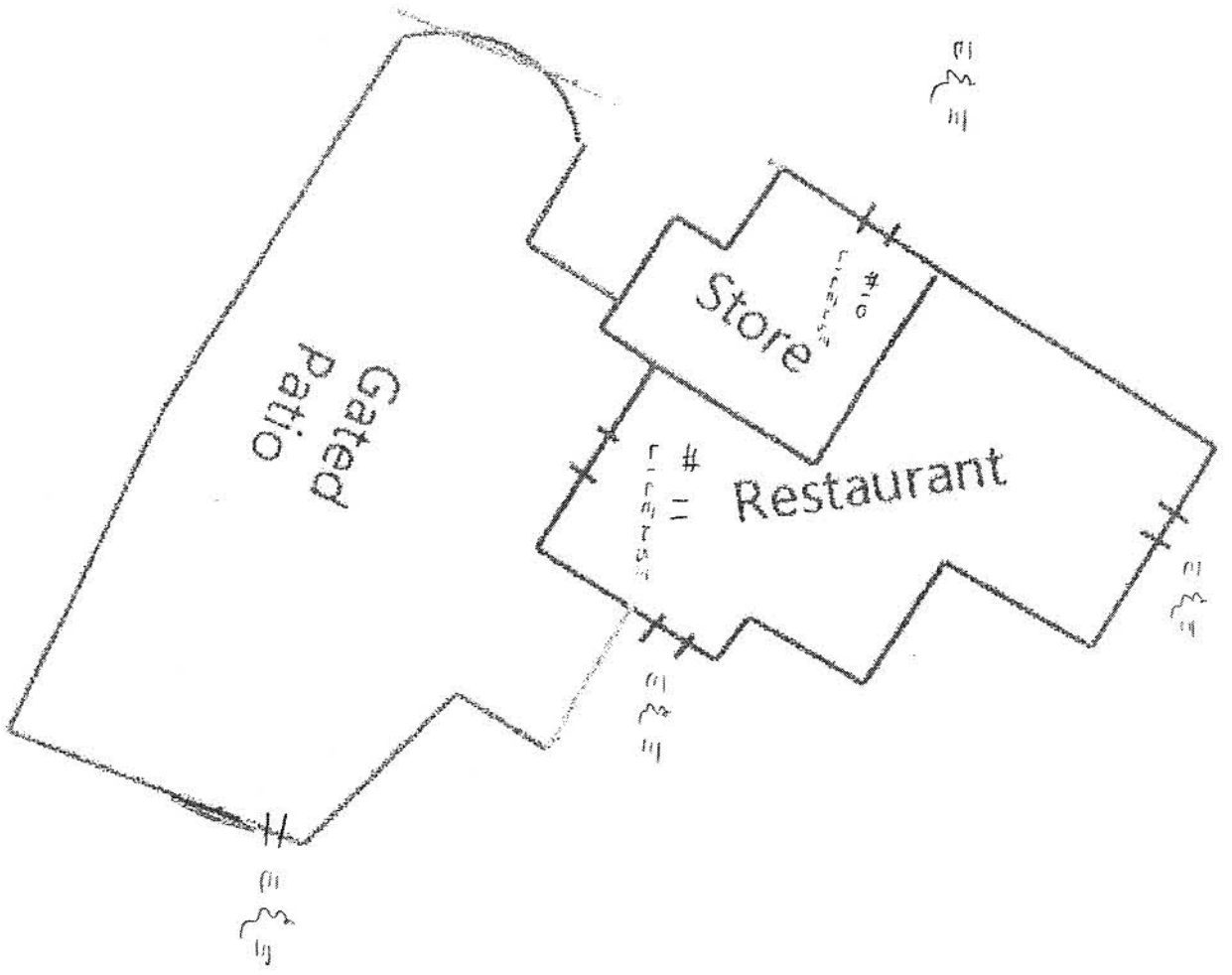
SUSAN
ANN
BURKHART
(50%)
(JOINT TENANT)



LISA LOUISE
FUSCO
(50%)
(JOINT TENANT)

19 JUN 19 11 49 AM '58

ENTIRE PROPERTY FLOOR PLAN





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

DLIC USE ONLY
 Job #: 06123

RESTAURANT OPERATION PLAN

19 JUN 19 09:11:04 AM 1058

1. Name of restaurant (Please print): PORTAL PEAK LODGE

2. List equipment below by Make, Model, and Capacity : (PROVIDE THE FOLLOWING ITEMS ONLY, **NO ATTACHMENTS**)

Grill	1-24" x 24" SS CHAR GRILL, 1-32" x 33" SS FLAT TOP W/OVEN
Oven	1-32" x 33" 6 BURNER GAS STOVE W/OVEN, 1-SS CONVEYOR TOASTING OVEN
Freezer	1-7' SS SINGLE DOOR UPRIGHT, 1-7' SS 2 DOOR UPRIGHT
Refrigerator	2-7' SS SINGLE DOOR UPRIGHT, 1-60" x 30" REFR. SAND MAKER
Sink	1-56" x 22" SS 3-COMP. SS, 1-12" x 12" SS HAND
Dish Washing Facilities	1-56" x 22" SS 3-COMP. SS
Food Preparation Counter (Dimensions)	3-60" x 30" SS DEEP, 1-3' x 5' SS W/CUTTING BOARD
Other	1-2 BASKET DEEP FAT FRYER, 2-MICROWAVES, 1-2' x 1' SS WARMING TRAY, 1-COMM. ICE MACHINE, 1-12' x 4' SS HOOD W/ANGUL, 1-COMM. BLENDER, 1-10" ELECT. MEAT SLICER

3. Attach a copy of your full menu **including prices** (examples: Breakfast, Lunch, Dinner, and Nonalcoholic beverages).

4. List the **seating capacity** for:

- a. Restaurant dining area of your premises: **(Do not include patio seating)** [44]
- b. Bar area of your premises: [+ 0]
- c. Total dining and bar seating capacity of your premises: [= 44]

5. What Type of dinnerware and utensils are utilized within your restaurant?

Reusable Disposable Both

6. Does your restaurant have a bar area that is distinct and separate from the dining area? YES No

(If yes, what percentage of the public floor space does this area cover?) _____ %

7. What percentage of your public premises is used primarily for restaurant dining?

(Do not include kitchen, bar, hi-top tables, or game area.) 100 %

8. Does your restaurant contain any games, televisions, or any other entertainment? YES No
 (If yes, specify what types and how many (examples: 4-TV's, 2-Pool Tables, 1-Video Game, etc.)

2 - Flat Screen TV's (55" & 21")

9. Do you have live entertainment or dancing? YES No
 (If yes, what type and how often 8.5

example: DJ-2 x a week, Karaoke-2 x a month, Live Band-1 x a month, etc.)

1/2 Piece Live Music

10. Use space below to list how many employees for each position to fully staff your business.

Position	How many
Cooks	3/4
Bartenders	0
Hostesses	1
Managers	2
Servers	6
Other (<u>Dishwasher</u>)	4
Other ()	
Other ()	

I, MITCHELL ZACH WEBSTER, hereby declare that I am the APPLICANT filing this application. I have read this application and the contents and all statements true, correct and complete.

X [Signature]
 (Signature of APPLICANT)

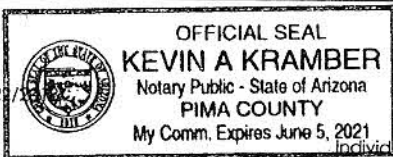
NOTARY

State of Arizona County of Pima

The foregoing instrument was acknowledged before me this 29TH day of MAY 2019
Day Month Year

My Commission Expires on: 06/05/2021 Date

[Signature]
 Signature of Notary Public





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

RECORDS REQUIRED FOR AUDIT
Applies to Series 11 (Hotel/Motel W/Restaurant) & Series 12 (Restaurant) Only

MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH YOUR DLLC RECORDS

In the event of an audit, you will be asked to provide to the Department any documents necessary to determine compliance with A.R.S. §4-205.02(G). Such documents requested may include however, are not limited to:

1. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
2. A list of **all** food and liquor vendors
3. The restaurant menu used during the audit period
4. A price list for alcoholic beverages during the audit period
5. Mark-up figures on food and alcoholic products during the audit period
6. A recent, **accurate** inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
7. Monthly Inventory Figures - beginning and ending figures for food and liquor
8. Chart of accounts (copy)
9. Financial Statements-Income Statements-Balance Sheets
10. General Ledger
 - A. Sales Journals/Monthly Sales Schedules
 - 1) Daily sales Reports (to include the name of each waitress/waiter, bartender, etc. with sales for that day)
 - 2) Daily Cash Register Tapes - Journal Tapes and Z-tapes
 - 3) Dated Guest Checks
 - 4) Coupons/Specials/Discounts
 - 5) Any other evidence to support income from food and liquor sales
 - B. Cash Receipts/Disbursement Journals
 - 1) Daily Bank Deposit Slips
 - 2) Bank Statements and canceled checks
11. Tax Records
 - A. Transaction Privilege Sales, Use and Severance Tax Return (copies)
 - B. Income Tax Return - city, state and federal (copies)
 - C. Any supporting books, records, schedules or documents used in preparation of tax returns
12. Payroll Records
 - A. Copies of all reports required by the State and Federal Government
 - B. Employee Log (A.R.S. §4-119)
 - C. Employee time cards (actual document used to sign in and out each work day)
 - D. Payroll records for all employees showing hours worked each week and hourly wages

13. Off-site Catering Records (must be complete and separate from restaurant records)
- A. All documents which support the income derived from the sale of food off the license premises.
 - B. All documents which support purchases made for food to be sold off the licensed premises.
 - C. All coupons/specials/discounts

The sophistication of record keeping varies from establishment to establishment. Regardless of each licensee's accounting methods, the amount of gross revenue derived from the sale of food and liquor must be substantially documented.

**REVOCAION OF YOUR LIQUOR LICENSE MAY OCCUR IF YOU FAIL TO COMPLY WITH
A.R.S. §4-210(A)7 AND A.R.S. §4-205.02(G).**



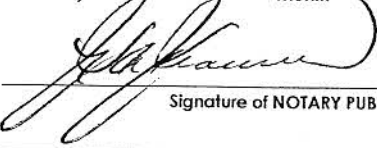
A.R.S. §4-210(A)7

The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of food.

A.R.S. §4-205.02(G)

For the purpose of this section:

1. "Restaurant" means an establishment which derives **at least forty percent (40%)** of its gross revenue from the sale of food
2. "Gross revenue" means the revenue derived from all sales of food and spirituous liquor on the licensed premises, regardless of whether the sales of spirituous liquor are made under a restaurant license issued pursuant to this section or under any other license that has been issued for the premises pursuant to this article.

NOTARY	
I, (Print Full Name) <u>MITCHELL RYAN WEBSTER</u> , have read and understand all aspects of this statement	
X (Signature)  <small>Controlling Person / Agent</small>	State of <u>ARIZONA</u> County of <u>PIMA</u> the foregoing instrument was acknowledged before me this
My commission expires on: <u>06/05/2021</u>	<u>29TH</u> of <u>MAY</u> 20 <u>19</u> <small>Day Month Year</small>
<div style="border: 1px solid black; padding: 5px; text-align: center;">  <p>OFFICIAL SEAL KEVIN A KRAMBER Notary Public - State of Arizona PIMA COUNTY My Comm. Expires June 5, 2021</p> </div>	 Signature of NOTARY PUBLIC

MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH RECORDS REQUIRED BY THE STATE



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

19 JUN 19 14P. LC. RM1058

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.

804-749

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#: 66121

1. Check the Appropriate Box →

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

2. Name: Webster Mitchell Ryan Birth Date: _____
Last First Middle (NOT a public record)

3. Social Security #: _____ Driver License #: _____ State: Arizona

4. Place of birth: Phoenix AZ USA Height: 5'09" Weight: 165 Eyes: Bro Hair: Bro
City State COUNTRY (not county)

5. Name of current/most recent spouse: Webster Yolonda Michelle Birth Date: _____/_____/_____
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: 1975

7. Daytime telephone number: 520.820.1994 E-mail address: portallodge@gmail.com

8. Business Name: Portal Peak Lodge Business Phone: 520, 558, 2223

9. Business Location Address: 2358 S. Rock House Rd. Portal AZ Cochise 85632
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)
11/2003	CURRENT	Owner/Co-Owner	Portal Store, 2358 S. Rock House Rd., Portal, AZ 85632

(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
11/2003	CURRENT	2354 S. Rock House Rd., Portal, AZ 85632

(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 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

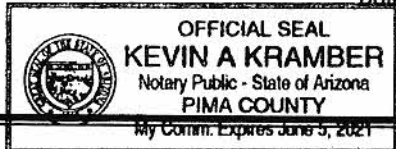
I (Print Full Name) Mitchell Ryan Webster hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: [Handwritten Signature]

State of Arizona County of Pima

My Commission Expires on: 06/03/2021

The foregoing instrument was acknowledged before me this 29TH Day of MAY, 2019



[Handwritten 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: _____



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)

MITCHELL RYAN WEBSTER

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 PHOENIX State (or equivalent) AZ Country or Territory USA

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

2) Name of document:

AZ. DRIVERS LICENSE

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 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

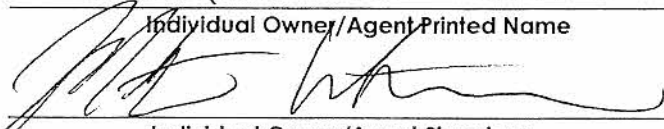
- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

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.

MITCHELL RYAN WEBSTER
Individual Owner/Agent Printed Name

Individual Owner/Agent Signature

05/29/2019
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.

The reason my drivers license address is different then my physical address is we do not receive mail delivery to my physical address it is delivered to my P. O. Box which is located approximately 500 feet west of my physical address.

Mitchell R Webster

A handwritten signature in black ink, appearing to read "M. Webster", written in a cursive style.

Arizona DRIVER LICENSE USA

NOT FOR FEDERAL IDENTIFICATION



9 CLASS D
10 END NONE 4d DLN
12 REST NONE 3 DOB

1 WEBSTER
2 MITCHELL RYAN
8 PO BOX 16282
PORTAL, AZ 85632-1282

4b EXP 02/28/2040 4a ISS 11/14/2016

15 SEX M 16 EYES BRO
16 HGT 5'-09" 13 HAIR BRO
17 WGT 170 lb

Handwritten signature



CLASS:

ENDORSEMENTS:

None

RESTRICTIONS:

None

Rev 02/14/2014

You Must Report a
Change of Address
Within 10 Days





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

19 JUN 19 14:16 AM 058

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.

804-749

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#: 66121

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: Burkhart Susan Ann Birth Date: _____
Last First Middle (NOT a public record)

3. Social Security #: _____ Driver License #: _____ State: MA

4. Place of birth: Ephrata PA USA Height: 5'04" Weight: 165 Eyes: Hzi Hair: Gry
City State COUNTRY (not county)

5. Name of current/most recent spouse: Fusco Lisa Louise Birth Date: _____
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: _____

7. Daytime telephone number: 413-896-0680 E-mail address: sueburkhart@gmail.com

8. Business Name: Portal Peak Lodge Business Phone: 520,558,2223

9. Business Location Address: 2358 S. Rock House Rd. Portal AZ Cochise 85632
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)
01/2014	CURRENT	Self Employed/Pilot	130 Cross Path Rd., Northampton, MA 01060

(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
10/2018	CURRENT	2727 S. Brittany Lane, Portal, AZ 85632
01/2014	10/2018	130 Cross Path Rd., Northhampton, MA 01060

(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 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

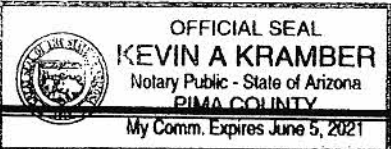
NOTARY

I (Print Full Name) Susan Ann Burkhart 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: [Handwritten Signature] State of Arizona County of Pima

The foregoing instrument was acknowledged before me this 29TH Day of MAY, 2019

My Commission Expires on: 06/05/2021 Date



[Handwritten 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: _____



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

19 JUN 19 11:19 AM 1058

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.

804-749

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Liquor License#: 66121

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: Fusco Lisa Louise Birth Date: _____
Last First Middle (NOT a public record)

3. Social Security #: _____ Driver License #: _____ State: MA

4. Place of birth: Springfield MA USA Height: 5'02" Weight: 175 Eyes: Bro Hair: Gry
City State COUNTRY (not county)

5. Name of current/most recent spouse: Burkhart Susan Ann Birth Date: _____
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: 10/2018

7. Daytime telephone number: 413.218.7823 E-mail address: lffusco@comcast.net

8. Business Name: PORTAL PEAK LODGE Business Phone: 520,558,2223

9. Business Location Address: 2358 S. Rock House Rd. Portal AZ Cochise 85632
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)
05/1999	CURRENT	Self Employed/Pilot	130 Cross Path Rd., Northampton, MA 01060
06/2007	04/2018	Owner	Casey's Bar, 40 1/2 Holyoke St., Easthampton, MA 01027

(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
10/2018	CURRENT	2727 S. Brittany Lane, Portal, AZ 85632
08/2004	10/2018	130 Cross Path Rd., Northampton, MA 01060

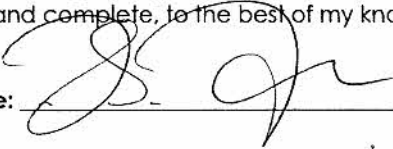
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n/a
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY 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**

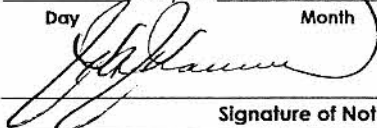
NOTARY

I (Print Full Name) Lisa Louise Fusco 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:  State of Arizona County of Pima

The foregoing instrument was acknowledged before me this 29TH Day of May, 2019

My Commission Expires on: 06/05/2021 Day Month Year


Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____

Breakfast

Breakfast served til noon

#1. Ham or bacon or sausage & eggs 9.5
Two fresh eggs, potatoes, toast or English muffin & your choice of ham, bacon or sausage

#2. Two egg breakfast 7.5
Two fresh eggs, potatoes & toast or English muffin

#3. Pancakes (Two buttermilk pancakes) 7.5
Add two eggs 2.5
Add ham, bacon or sausage 2.5

#4. French toast (Two thick slices) 7.5
Add two eggs 2.5
Add ham, bacon or sausage 2.5

#5. Huevos rancheros 10.5
Two eggs on corn tortillas topped with potatoes, refried beans, Spicy red or mild green sauce, cheese, & a flour tortilla
Add Carne Asada or Green Chili Pork 2.5

#6. Southwestern Beef Hash 11
Green Chile beef hash & Pico de Gallo served with two eggs & flour tortilla

Side orders

Two eggs 2.5	Toast 3
Potatoes 4	Flour tortilla 2
Ham 3	Salsa 2.5
Bacon 3	Sour cream 2
Sausage 3	Guacamole 3

Breakfast burrito 5.5
Eggs, potatoes & cheese
Add sausage, bacon, or ham 2.5

Southwest breakfast burrito 7
Eggs, potatoes, pepper Jack cheese, & Pico de Gallo

Omelets

Our three-egg omelets are served with potatoes with choice of toast, English muffin or flour tortilla

Cheese 8.5
Add bacon, ham, or sausage 2.5

Veggie 10.5
Tomatoes, onions & green peppers

Whole hog 11.5
Ham, bacon, sausage, & cheese

Denver 10.5
Ham, bell pepper, onion, & cheese

Southwestern 10.5
Pico de Gallo & pepper Jack cheese

Oatmeal 6.5

Brown sugar, raisins & milk

Ingredients may vary without notice depending upon availability.

CONSUMER ADVISORY

DISCLOSURE: THE FOLLOWING ITEMS ARE SERVED RAW OR UNDERCOOKED OR MAY CONTAIN RAW OR UNDERCOOKED INGREDIENTS: EGGS, CHICKEN, BEEF AND FISH. REMINDER: CONSUMING RAW OR UNDERCOOKED MEATS, POULTRY, SEAFOOD, SHELL FISH OR EGGS MAY INCREASE

19 JUN 19 14:14:14 PM 1058

Mexican entrées

Served with Side of beans, chips & salsa

Street Taco

Three Carne Asada 10.5

Three Green Chile Pork 10.5

Taco Plate 10.5

Three Chicken Tacos

BURRITOS ENCHILADA STYLE

Choice of Red or Green sauce

Bean & Cheese 9.5

Carne Asada 12

Green Chile Pork 12

Chicken 12

ENCHILADAS

Green Chile pork 11

Chicken 11

Cheese 11

À la cart

Carne Asada burrito 10

Green chili pork burrito 10

Bean burrito 8.5

Enchilada 4.5

Side of refried beans 3

Order of chips & salsa 4.5

Starters

Chips with salsa & guacamole 7.5

Beer battered mushrooms 8

Mixed platter 10

Beer battered mushrooms,
Onion rings, & cut crispy chicken strips

Salads

Grilled chicken salad 11

Grilled seasoned beef 12

Grilled chicken or beef on a bed of spring
mix topped with shredded cheddar cheese

Grilled chicken Caesar salad 11

Grilled chicken, romaine lettuce tossed in
Caesar dressing and topped with
grated Parmesan

Taco salad 11

Chicken or beef, lettuce, shredded cheese, &
topped with Pico de Gallo in a crisp flour
tortilla bowl with salsa & sour cream

Side

Side of Red or Green sauce 2.5

Side of sour cream 2.5

Salsa 2.5

Flour tortilla 2.5

Guacamole 3

Onion Rings 4

BURGERS

(Gardenburger Add 1 extra)

Our 1/3 lb. charbroiled burgers are on a toasted bun with your choice of French fries, spring mix salad or Coleslaw

You may choose Onion Rings for 1 extra

Hamburger 8.5

Lettuce, tomato, pickles, & onions

Cheeseburger 9.5

American cheese, lettuce, tomato, Pickles, & onion

Double Cheeseburger 13

American cheese, lettuce, tomato, Pickles, & onion

Green Chile Cheeseburger 10.5

Green Chile, Pepper jack, lettuce, tomato, onion, & pickles

Bacon Cheeseburger 11.5

Bacon, American cheese, lettuce, tomato, pickles, & onion

Guacamole Bacon Cheeseburger 12.5

Guacamole, Bacon, Pepper jack, lettuce, tomato, onion, & pickles

Jalapeno Burger 10.5

Jalapenos, Pico de Gallo, Pepper Jack cheese lettuce, onion, & pickles

Black and Blue Burger 10.5

Melted blue cheese, lettuce, tomato, Pickles, & onion

Fish & Chips 12.5

beer batter cod, served with fries and coleslaw

Mesquite Seasoned Grilled Chicken

11

Fries & coleslaw

Cut Crispy Chicken Strips 9

Fries & Coleslaw

Choice of French fries, spring mix salad or Coleslaw
You may choose Onion Rings for 1 extra

GRILLED CHEESES

GRILLED CHEESE 7

CLASSIC HAM & CHEESE 8

TOMATO & AMERICAN SWISS 8

WHOLE WHEAT, SOURDOUGH OR RYE

BLT 8

Lettuce, tomato, Bacon, on Texas toast

Sourdough Philly melt 10

Sliced beef, sautéed bell peppers & onions, melted American Swiss on a parmesan crusted sourdough

Patty Melt 10

American Swiss, grilled onions with a hamburger patty on Rye bread

Santa Fe Beef Melt 10

Sliced beef, Pepper Jack & Pico de Gallo served on Sour Dough

New Yorker 10

Corned beef, coleslaw, Thousand Island on the grilled Rye bread

Reuben 10

Corned beef, sauerkraut, & melted American Swiss on grilled Rye bread

Grilled Chicken Sandwich 9.5

Grilled chicken breast with lettuce, and tomato on a gilled bun

Southwestern Chicken Sandwich 11

Grilled chicken breast with lettuce, tomato, Green Chile and Pepper Jack on a gilled bun

Crispy Chicken Sandwich 9.5

Breaded chicken breast with lettuce, tomato & Mayo on a gilled bun

Fish Sandwich 9.5

Beer battered Cod with house made Tartar sauce & lettuce on a gilled bun

Domestic	<u>SINGLES</u>	Merlot	<u>BY GLASS</u>
Bud Bottle	4	Greystone	7
Bud Lt Bottle	4	Two Vines	7
Coors Bottle	4	Domino	6
Coors Lt Bottle	4	Cabernet Sauvignon	
Miller Lt Bottle	4	Seven Falls	8
Import		10 Span	7
Bass	4.75	Two Vines	7
Corona	4.75	Domino	6
Negra Modelo	4.75	Liberated	8
XX Amber	4.75	Black Box	5
XX Lager	4.75	Malbec	
Craft		Graffigna	7
8th Street	4.75	Ruta 22	7
Alaskan Amber	5	Carmenere	
Samuel Adams	5	Calina	7
SA Octoberfest	5	Santa Digna	9
Stella	4.75	Pinot Noir	
		667	8
		Villa Maria	7
Hard Cider		Chardonnay	
Angry Orchard	4.75	Two Vines	7
Cinnful Apple	4.75	Domino	6
Mike's Hard	5	Black Box	5
Stella Cider	4.75	Pinot Grigio	
Draft		Riondo	7
Kilt Lifter	4.25	Moscato	
Blue Moon	4.25	Jacob's Creek	6
Sierra Nevada	4.25	Cotes-Du-Rhone	
		Belleruche	8
		Sparkling White Wine	
		Sauvage	9

House Made Deep Dish Cobbler 5.5

À la mode 8

Ask a server what fruit fillings are available

Limited availability

Ice Cream

Lg. 5.5

Sm. 3.5

Vanilla or Chocolate

Drinks with Beans

Coffee 2.5

Espresso Shot 3 add double 2

Espresso Con Panna 3.5

Americano 5

Red Eye 5

Cappuccino 4

Latte 4

Mocha 5

Hot Chocolate 2.5

Milk Shake 5.5

Vanilla or Chocolate

Bubbly Drinks 2.5

Coke, Coke Zero, Sprite,

Root Beer & Dr. Pepper

Still Drinks

Orange juice 2.5

Lemonade 2.5

Freshly Brewed Ice Tea 2.5

Arnold Palmer 2

Milk 3

Hot Tea 2.5