

State of Arizona
Department of Liquor Licenses and Control

Created 12/13/2019 @ 11:07:31 AM

Local Governing Body Report

LICENSE

Number:	06020080	Type:	006 BAR
Name:	9 ACRE TRAVEL COMPLEX		
State:	Pending		
Issue Date:		Expiration Date:	06/30/2020
Original Issue Date:	02/20/1934		
Location:	2500 W BUSINESS I-10 SAN SIMON, AZ 85632 USA		
Mailing Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA		
Phone:	(560) 560-1010		
Alt. Phone:	(602)200-7222		
Email:	ANDREA@LEWKLAW.COM		

Currently, this license has pending applications.

AGENT

Name:	ANDREA DAHLMAN LEWKOWITZ
Gender:	Female
Correspondence Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA
Phone:	(602)200-7222
Alt. Phone:	
Email:	ANDREA@LEWKLAW.COM

OWNER

Name: SAN SIMON 10 INC
Contact Name: ANDREA LEWKOWITZ
Type: CORPORATION
AZ CC File Number: 23037312 State of Incorporation: AZ
Incorporation Date: 11/27/2019
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (602)200-7222
Alt. Phone:
Email: ANDREA@LEWKLAW.COM

Officers / Stockholders

Name:	Title:	% Interest:
IQBAL SINGH SAMRA	Director,Shareholder	50.00
JAGTAR SINGH SAMRA	Director,Shareholder	50.00

SAN SIMON 10 INC - Director,Shareholder

Name: JAGTAR SINGH SAMRA
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (818)219-3080
Alt. Phone:
Email: BILLU711@YAHOO.COM

SAN SIMON 10 INC - Director,Shareholder

Name: IQBAL SINGH SAMRA
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (818)219-3090
Alt. Phone:
Email: IQBALSAMRA57@YAHOO.COM

APPLICATION INFORMATION

Application Number: 88780
Application Type: Owner Transfer
Created Date: 12/13/2019

QUESTIONS & ANSWERS

- 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.
SAN SIMON SCHOOL (K-12) - 1.3 MILES
2226 I-10BL SAN SIMON AZ 85632
- 16) Please provide name, address, and distance of nearest church.
BOWIE FIRST BAPTIST CHURCH-14 MILES
412 S CENTRAL AVE BOWIE AZ 85605
- 17) Are you a tenant? (A person who holds the lease of a property; a lessee)
No
- 18) Is there a penalty if lease is not fulfilled?
No
- 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?
Yes
- 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.
TOTAL: \$3,075,000.00

BMO HARRIS BANK - \$3,075,000.00
1850 N CENTRAL AVE STE 1500 PHOENIX AZ 85004
- 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.
NONE
- 27) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No
- 34) Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only)
NOT DISCLOSED \$ 35,000.00 CA-

State of Arizona
Department of Liquor Licenses and Control

Created 12/13/2019 @ 10:59:03 AM

Local Governing Body Report

LICENSE

Number:	INP020009365	Type:	INP INTERIM PERMIT
Name:	9 ACRE TRAVEL COMPLEX		
State:	Active		
Issue Date:	12/13/2019	Expiration Date:	03/27/2020
Original Issue Date:	12/13/2019		
Location:	2500 W BUSINESS I-10 SAN SIMON, AZ 85632 USA		
Mailing Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA		
Phone:	(580)560-1010		
Alt. Phone:	(602)200-7222		
Email:	ANDREA@LEWKLAW.COM		

AGENT

Name:	ANDREA DAHLMAN LEWKOWITZ
Gender:	Female
Correspondence Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA
Phone:	(602)200-7222
Alt. Phone:	
Email:	ANDREA@LEWKLAW.COM

OWNER

Name: SAN SIMON 10 INC
Contact Name: ANDREA LEWKOWITZ
Type: CORPORATION
AZ CC File Number: 23037312 State of Incorporation: AZ
Incorporation Date: 11/27/2019
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (602)200-7222
Alt. Phone:
Email: ANDREA@LEWKLAW.COM

Officers / Stockholders

Name:	Title:	% Interest:
IQBAL SINGH SAMRA	Director,Shareholder	50.00
JAGTAR SINGH SAMRA	Director,Shareholder	50.00

SAN SIMON 10 INC - Director,Shareholder

Name: JAGTAR SINGH SAMRA
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (818)219-3080
Alt. Phone:
Email: BILLU711@YAHOO.COM

SAN SIMON 10 INC - Director,Shareholder

Name: IQBAL SINGH SAMRA
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (818)219-3090
Alt. Phone:
Email: IQBALSAMRA57@YAHOO.COM

APPLICATION INFORMATION

Application Number: 88789
Application Type: New Application
Created Date: 12/13/2019

QUESTIONS & ANSWERS

INP Interim Permit

- 1) Enter License Number currently at location
06020080
- 2) Is the license currently in use?
Yes
- 3) Will you please submit section 5, page 6, of the license application when you reach the upload page?
No

19 DEC 13 Ligr. Lic. #1150



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

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

Fp Current 10/18/19

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#: 06020080 / # 88780

1. Check the Appropriate Box

Form with checkboxes: Controlling Person, Agent (checked), Premises Manager (complete all questions except #12)

2. Name: LEWKOWITZ ANDREA DAHLMAN Birth Date: (NOT a public record)

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

4. Place of birth: MANKATO MN USA Height: 5' 8" Weight: 140 Eyes: HZL Hair: BLN

5. Name of current/most recent spouse: LEWKOWITZ HAROLD JEROME Birth Date: (NOT a public record)

6. Are you a bona fide resident of Arizona? [X] Yes [] No If yes, what is your date of residency: 04/1961

7. Daytime telephone number: (602) 200-7222 E-mail address: andrea@lewklaw.com

8. Business Name: 9 ACRE TRAVEL COMPLEX Business Phone: 520 / 560 / 1010

9. Business Location Address: 2500 W BUSINESS I-10 SAN SIMON AZ COCHISE 85632

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or 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. 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
02/1999	CURRENT	5745 N 25th STREET, PHOENIX, AZ 85016

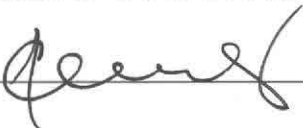
(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

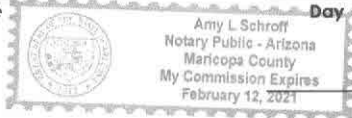
If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED


NOTARY

I (Print Full Name) ANDREA DAHLMAN LEWKOWITZ 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 MARICOPA
The foregoing instrument was acknowledged before me this

My Commission Expires on: 02/12/2021 4 Day of NOVEMBER, 2019
Date 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: _____

19 DEC 13 11:47 AM Lic. #M1150



2600 North Central Avenue
Suite 1775
Phoenix, Arizona 85004
602.200.7222
602.200.7234
www.lewkowitzlaw.com

Andrea D. Lewkowitz
H.J. Lewkowitz

November 1, 2019

Jennifer Benson, Licensing Manager
Department of Liquor Licensing & Control
800 West Washington Street, 5th Floor
Phoenix, Arizona 85007

Re: Alien Status Form and Passport

Dear Ms. Benson:

My completed Alien Status form and a copy of my passport are on file at the Arizona Department of Liquor Licenses and Control.

If you require more information from me, please call. Thank you!

Sincerely,


Andrea D. Lewkowitz

ADL/als



19 DEC 13 Lic. Lic. #1150

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

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

804.818

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#: #06020080 / # 88780

1. Check the Appropriate Box

Form with checkboxes: Controlling Person (checked), Agent, Premises Manager (complete all questions except #12)

2. Name: SAMRA IQBAL SINGH Birth Date: [redacted] (NOT a public record)

3. Social Security #: [redacted] Driver License #: [redacted] State: CA

4. Place of birth: Logharh, Punjab India Height: 5-11 Weight: 205 Eyes: BLK Hair: BRN

5. Name of current/most recent spouse: SAMRA SURINDER KAUR Birth Date: [redacted] (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No (checked) If yes, what is your date of residency: (818)219-3090 IQBALSAMRA57@YAHOO.COM

7. Daytime telephone number: (818)219-3090 E-mail address: IQBALSAMRA57@YAHOO.COM

8. Business Name: 9 ACRE TRAVEL COMPLEX Business Phone: 818 518 8648

9. Business Location Address: 2500 W BUSINESS I-10 SAN SIMON AZ COCHISE 85632

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or 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). Row 1: 12/1998, CURRENT, SELF EMPLOYED, 8524 HELMAND DRIVE, WINNETKA, CA 91306

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

REV 12/3/19 CA

19 DEC 13 Lic. Lic. #1150
RESIDENTIAL Street Address

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
1998	CURRENT	8524 HELMAND DRIVE, WINNETKA, CA 91306

(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

AMENDMENT

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**

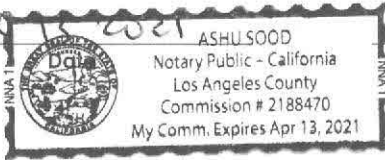
*** NOTARY**

IQBAL SINGH SAMRA

I (Print Full Name) _____ 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: Iqbal S Samra State of California County of Los Angeles
IQBAL SINGH SAMRA The foregoing instrument was acknowledged before me this

My Commission Expires on: Apr 13 2021 Day of November, 2019
 Day Month Year



Ashu Sood
Signature of Notary

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

PRINT NAME: IQBAL SINGH SAMRA SIGNATURE: Iqbal S Samra



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

*19 DEC 13 LIQ. LIC. #M1150

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.

804.818

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#: #06020080 / # 88750

1. Check the Appropriate Box →

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

2. Name: SAMRA JAGTAR SINGH Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Logharh, Punjab India Height: 5-10 Weight: 220 Eyes: BLK Hair: BLK
City State COUNTRY (not county)

5. Name of current/most recent spouse: SAMRA SANDEEP KAUR Birth Date: [REDACTED]
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: (818)219-3080 BILLU711@YAHOO.COM

7. Daytime telephone number: (818)219-3080 E-mail address: BILLU711@YAHOO.COM

8. Business Name: 9 ACRE TRAVEL COMPLEX Business Phone: 520 / 560 / 1010

9. Business Location Address: 2500 W BUSINESS I-10 SAN SIMON 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)
12/1998	CURRENT	SELF EMPLOYED	10415 EDGEBROOK WAY, NORTHRIDGE, CA 91326

(ATTACH ADDITIONAL SHEET IF NECESSARY)

RWE 12/13/19 CA

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
2004	CURRENT	10415 EDGEBROOK WAY, NORTHRIDGE, CA 91326

(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

JAGTAR SINGH SAMRA

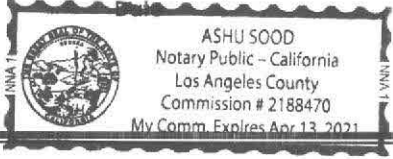
I (Print Full Name) _____ hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: Jagtar S Samra
JAGTAR SINGH SAMRA

State of California County of Los Angeles
The foregoing instrument was acknowledged before me this

My Commission Expires on: Apr 13, 2021

21st Day of November, 2019
Day Month Year



Ashu Sood
Signature of Notary

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

PRINT NAME: JAGTAR SINGH SAMRA SIGNATURE: _____

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
12/2004	CURRENT	10415 EDGEBROOK WAY, NORTHRIDGE, CA 91326

(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

JAGTAR SINGH SAMRA

I (Print Full Name) _____ 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 _____ County of _____
JAGTAR SINGH SAMRA The foregoing instrument was acknowledged before me this

My Commission Expires on: _____ Date _____ Day of _____ Month _____ Year _____

[NOTARY SEAL HERE] Signature of Notary _____

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

PRINT NAME: JAGTAR SINGH SAMRA SIGNATURE: *Justin S Samra*

BILL OF SALE

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, **SAL AZ Properties, LLC**, an Arizona limited liability company ("Seller"), and **San Simon 10 Inc.**, an Arizona corporation ("Buyer"), hereby sells, grants, and transfers to Buyer all right, title, and interest in and to Arizona Liquor License no. 06020080 (the "License").

Seller warrants it is the lawful owner of the License, the License is free and clear of all taxes, liens, encumbrances, and claims, and the undersigned is authorized to execute all documents necessary to effect the sale of the License on behalf of Seller.

This Bill of Sale shall be binding upon Seller, its successor and assigns, and shall inure to the benefit of Buyer, its successors, and assigns

SAL AZ Properties, LLC,
an Arizona limited liability company

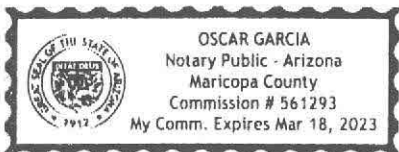
By 
Junaib Ahmed Rizvi, Member

STATE OF ARIZONA)
)
County of Maricopa)

SUBSCRIBED AND SWORN to before me this 19th day of November, 2019,
by Junaib Ahmed Rizvi, on behalf of SAL AZ Properties, LLC.

My Commission Expires: Mar 18th 2023


Notary Public



4206.01.M. The director may issue a beer and wine store license to the holder of a bar license simultaneously at the same premises. An applicant for a beer and wine store license and a bar license may consolidate the application and may apply for both licenses at the same time. The holder of each license shall fully comply with this title. A beer and wine store license and a bar license on the same premises shall be owned by and issued to the same licensee. If a beer and wine store license and a bar license are issued at the same premises, for purposes of reporting liquor purchases under each license, all off-sale beer and wine sales are conclusively presumed to be purchased under the beer and wine store license.

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES
AND CONTROL
ALCOHOLIC BEVERAGE LICENSE

BAR

License 06020080

Issue Date: 10/8/2019

Expiration Date: 6/30/2020

Issued To:

ANDREA DAHLMAN LEWKOWITZ, Agent
SAL AZ PROPERTIES LLC, Owner

Location:

9 ACRE TRAVEL COMPLEX
2500 W BUSINESS I-10
SAN SIMON, AZ 85632
USA



Mailing Address:

ANDREA DAHLMAN LEWKOWITZ
SAL AZ PROPERTIES LLC
9 ACRE TRAVEL COMPLEX
2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA

EXP 6/30/2020



POST THIS LICENSE IN A CONSPICUOUS PLACE

*19 DEC 13 147. Lic. #11115