

13 Farm Winery  
App #151476  
Rec'd 6/4/2021  
Due 8/2/2021  
Parcel # 305-32-068G

State of Arizona  
Department of Liquor Licenses and Control

Created 06/03/2021 @ 02:55:09 PM

Local Governing Body Report

**LICENSE**

Number: Type: 013 FARM WINERY  
Name: CARLSON CREEK  
State: Pending  
Issue Date: Expiration Date:  
Original Issue Date:  
Location: 4574 E ROBBS ROAD  
WILLCOX, AZ 85643  
USA  
Mailing Address: 115 N RAILVIEW AVENUE  
WILCOX, AZ 85643  
USA  
Phone: (520)766-3000  
Alt. Phone: (520)444-5023  
Email: ROBERT.CARLSON@CARLSONCREEK.COM

**AGENT**

Name: ROBERT CARL CARLSON III  
Gender: Male  
Correspondence Address: 115 RAILVIEW AVENUE  
WILLCOX, AZ 85643  
USA  
Phone: (520)507-4133  
Alt. Phone:  
Email: ROBERT.CARLSON@CARLSONCREEK.COM

**OWNER**

Name: CARLSON CREEK VINEYARD LLC  
Contact Name: ROBERT CARL CARLSON III  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: L15090073 State of Incorporation: AZ  
Incorporation Date: 03/03/2009  
Correspondence Address: 115 RAILVIEW AVENUE  
WILLCOX, AZ 85643  
USA  
Phone: (520)766-3000  
Alt. Phone:  
Email: ROBERT@CARLSONCREEK.COM

**Officers / Stockholders**

Name: Title: % Interest:

ELIZABETH TERESA CARLSON	Member,Stockholder	25.50
ROBERT CARL CARLSON JR.	Member,Stockholder	25.50
ROBERT CARL CARLSON III	MEMBER	16.33
JOHN PATRICK CARLSON	Member,Stockholder	16.33
KATHERINE ELAINE CARLSON	Member,Stockholder	16.33

**CARLSON CREEK VINEYARD LLC -  
Member,Stockholder**

Name: ROBERT CARL CARLSON JR.  
 Gender: Male  
 Correspondence Address: 16263 WINDPIPER ROAD  
 POWAY, CA 92064  
 USA  
 Phone: (520)766-3000  
 Alt. Phone: (619)871-2598  
 Email:

**CARLSON CREEK VINEYARD LLC -  
Member,Stockholder**

Name: ELIZABETH TERESA CARLSON  
 Gender: Female  
 Correspondence Address: 16263 WINDPIPER ROAD  
 POWAY, CA 92064  
 USA  
 Phone: (520)766-3000  
 Alt. Phone: (619)994-1626  
 Email:

**CARLSON CREEK VINEYARD LLC -  
Member,Stockholder**

Name: KATHERINE ELAINE CARLSON  
 Gender: Female  
 Correspondence Address: 16263 WINDPIPER ROAD  
 POWAY, CA 92064  
 USA  
 Phone: (520)766-3000  
 Alt. Phone: (619)787-4995  
 Email:

**CARLSON CREEK VINEYARD LLC -  
Member,Stockholder**

Name: JOHN PATRICK CARLSON  
 Gender: Male  
 Correspondence Address: 586 POPPYFIELD PLACE  
 GOLETA, CA 93117  
 USA  
 Phone: (520)766-3000  
 Alt. Phone: (619)851-2597  
 Email:

## CARLSON CREEK VINEYARD LLC - MEMBER

Name: ROBERT CARL CARLSON III  
Gender: Male  
Correspondence Address: 115 N RAILVIEW AVENUE  
WILCOX, AZ 85643  
USA  
Phone: (520)444-5023  
Alt. Phone:  
Email: INFO@CARLSONCREEK.COM

### APPLICATION INFORMATION

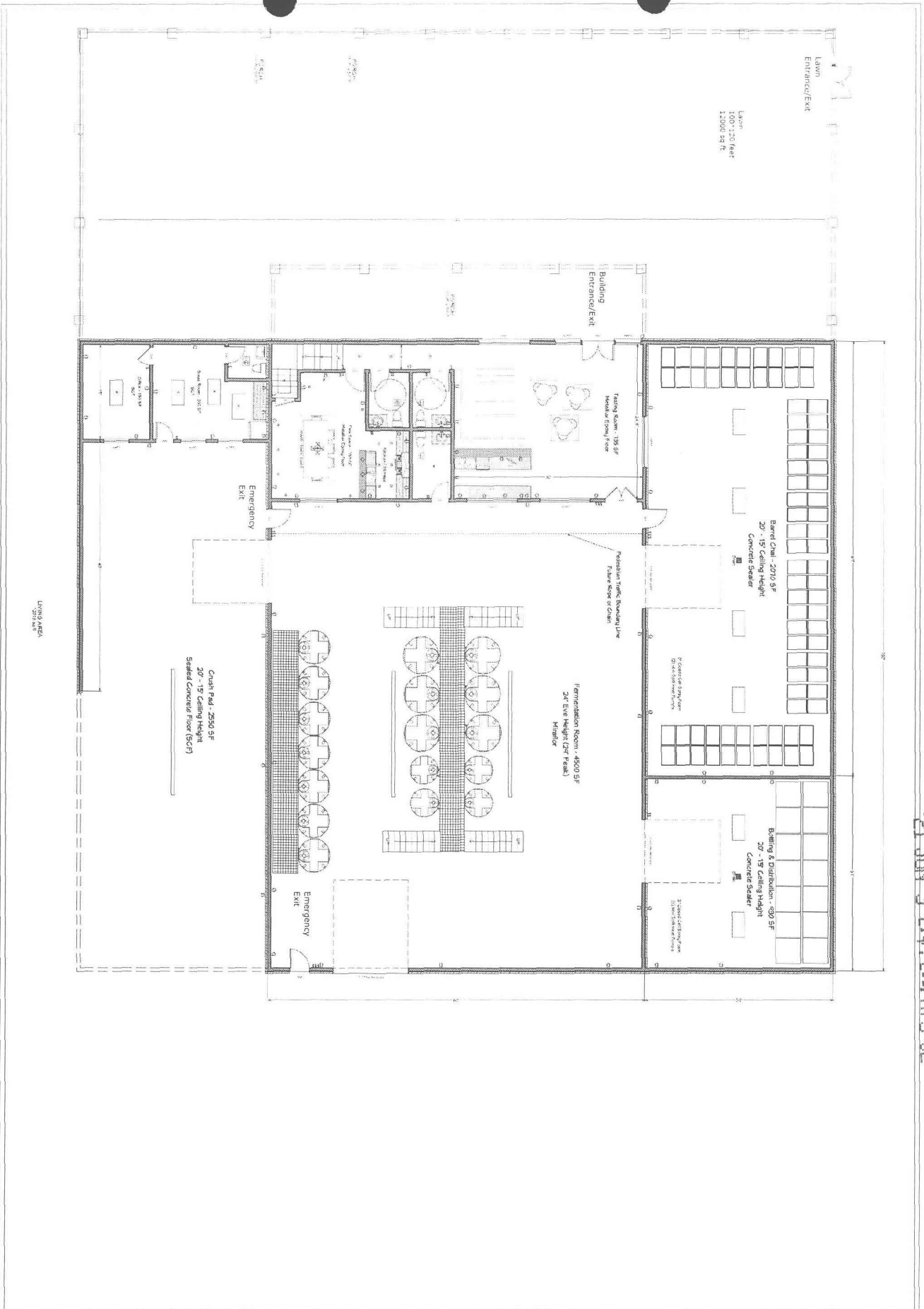
Application Number: 151476  
Application Type: New Application  
Created Date: 06/03/2021 *Alby*

### QUESTIONS & ANSWERS

#### 013 Farm Winery

- 1) Are you applying for an Interim Permit (INP)?  
No
- 2) Are you one of the following? Please indicate below.  
Property Tenant  
Subtenant  
Property Owner  
Property Purchaser  
Property Management Company  
OWNER
- 3) Is there a penalty if lease is not fulfilled?  
No
- 4) 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 COUNTY
- 5) What is the total money borrowed for the business not including the lease?  
Please list each amount owed to lenders/individuals.  
0
- 6) Is there a drive through window on the premises?  
No
- 7) If there is a patio please indicate contiguous or non-contiguous within 30 feet.  
CONTIGUOUS
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
Yes  
If yes, what is your estimated completion date?  
06/01/2021

21 JUN 3 14P. LIC. PM 3:02



DRAWINGS PROVIDED BY:  
 Blue Clear Sky Contracting LLC  
 Safford, AZ 85546  
 923-742-8301

Prepared exclusively for  
**Carlson Creek Vineyard**  
 Wilcox, Arizona 85643

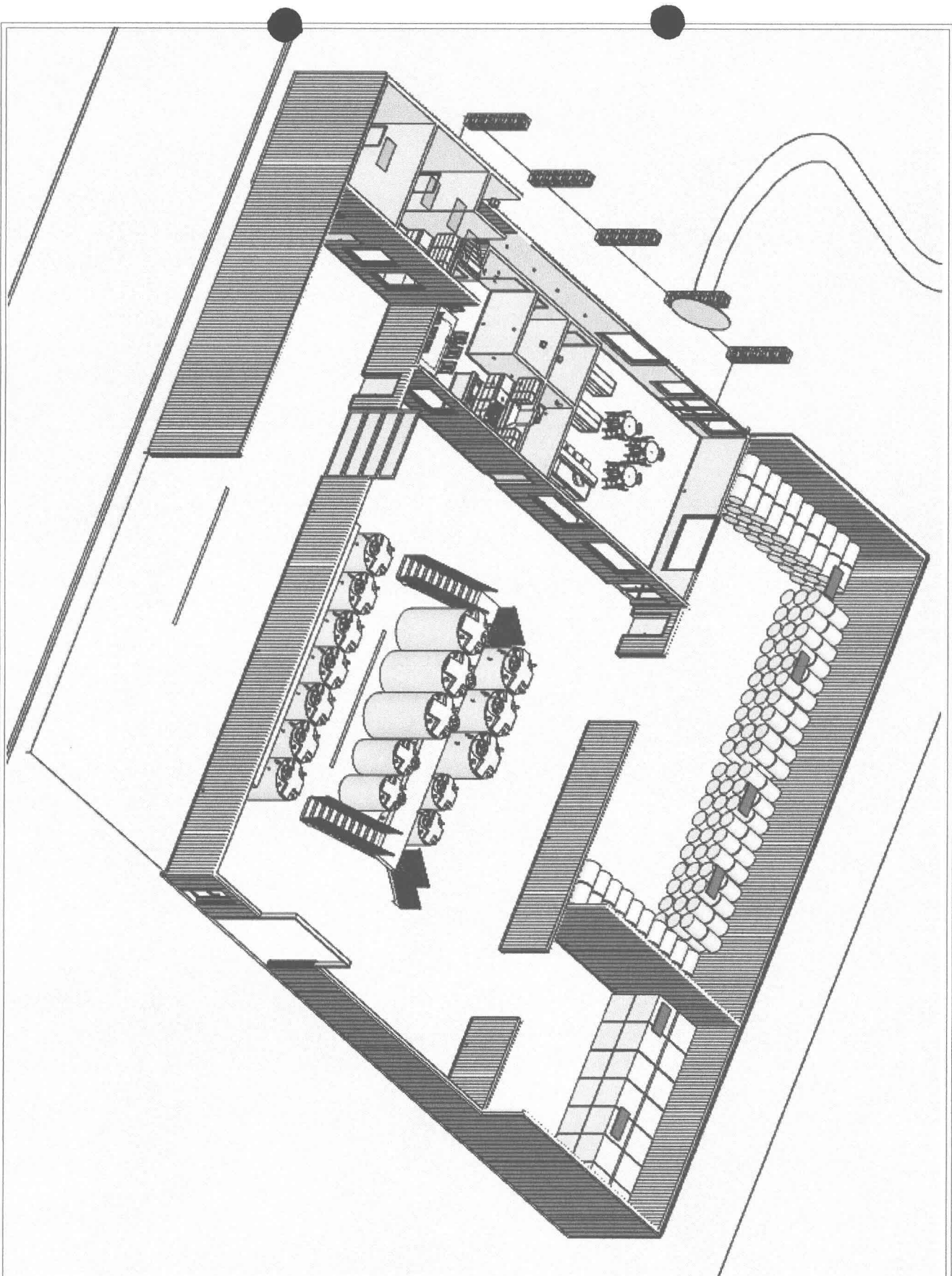
**FLOOR PLAN REV 2**

REVISION TABLE		
NUMBER	DATE	REVISION DESCRIPTION

SHEET:  
**A#**

DATE:  
 9/9/2017

SCALE:



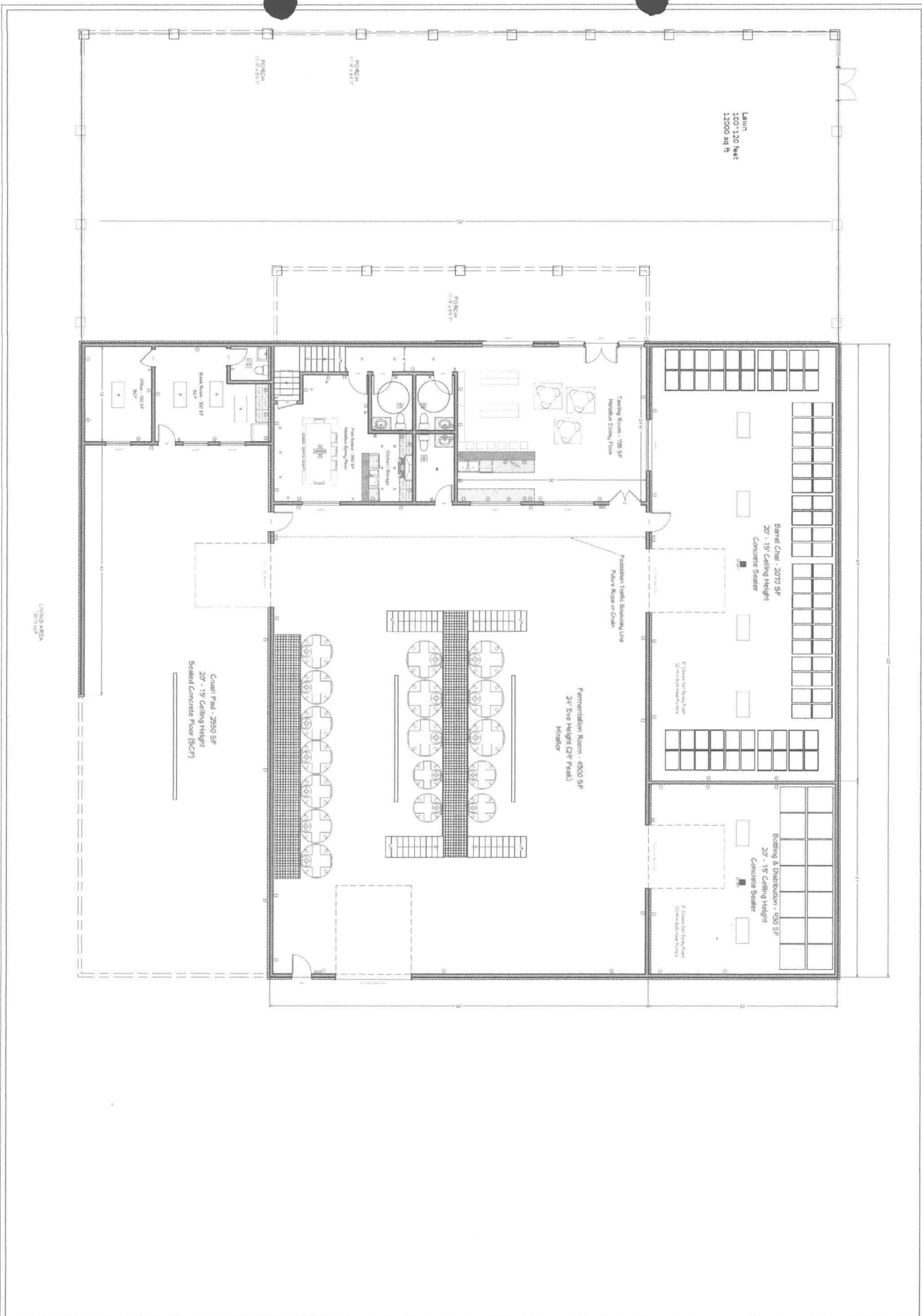
DATE: 9/9/2017  
 SCALE:  
 SHEET:

DRAWINGS PROVIDED BY:  
 Blue Clear Sky Contracting LLC,  
 Safford, AZ 85546  
 426-742-8301

Prepared exclusively for  
**Carlson Creek Vineyard**  
 Wilcox, Arizona 85643

REVISION TABLE			
NUMBER	DATE	REVISED BY	DESCRIPTION





DRAWINGS PROVIDED BY:  
 Blue Clear Sky Contracting LLC  
 Safford, AZ 85546  
 420-742-8201

DATE: 9/9/2017  
 SCALE:

SHEET: A#

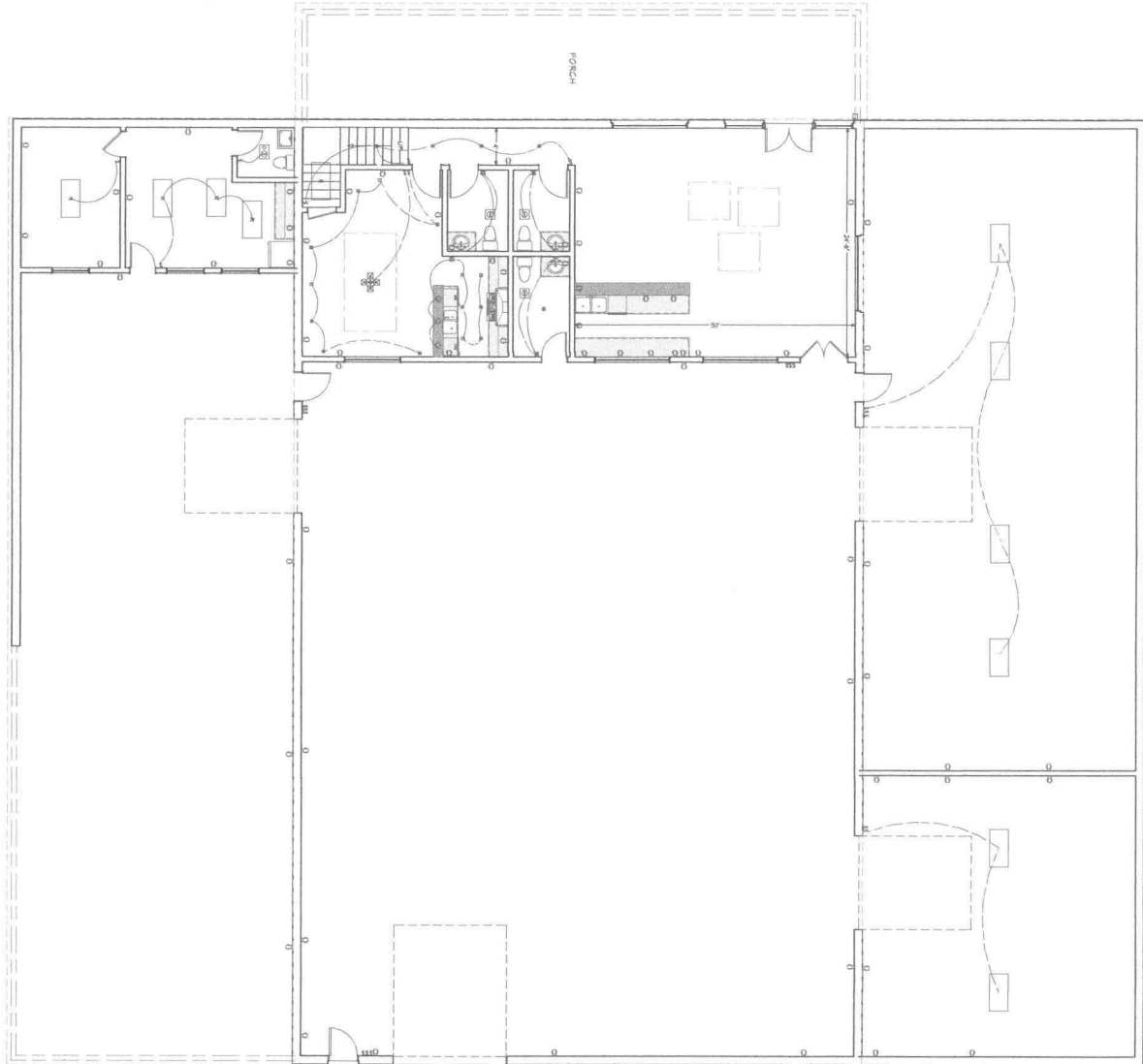
Prepared exclusively for  
**Carlson Creek Vineyard**  
 Willcox, Arizona 85643

**FLOOR PLAN REV 2**

REVISION TABLE		
NUMBER	DATE	DESCRIPTION

1st Floor

LIVING AREA  
1200 sq. ft.



SHEET:

SCALE:

DATE:  
9/9/2017

DRAWINGS PROVIDED BY:  
 Blue Clear Sky Contracting LLC  
 Safford, AZ 85546  
 928-742-9301

Prepared exclusively for  
**Carlson Creek Vineyard**  
 Willcox, Arizona 85643

**ELECTRICAL**  
**1ST FLOOR**

REVISION TABLE		
NUMBER	DATE	DESCRIPTION

Section 6

Additional Sheet

Carlson Katherine Elaine Member 16.33% 115 N Railview Ave Willcox AZ 85643

21 JUN 3 11:41:14 PM '02



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

805-018

**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.

**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#: 151476

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: Carlson III Robert Carl Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

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

4. Place of birth: Orange CA USA Height: 6'2 Weight: 175 Eyes: BRW Hair: BRW  
City State COUNTRY (not county)

5. Name of current/most recent spouse: \_\_\_\_\_ 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: 2000 AP

7. Daytime telephone number: 520-444-5023 E-mail address: robert.carlson@carlsoncreek.com

8. Business Name: Carlson Creek Vineyard, LLC AP Business Phone: 520, 766, 3000

9. Business Location Address: 4574 E Robbs Road Willcox, AZ Cochise 85643  
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)
08/2008	CURRENT	General Manager	Carlson Creek Vineyard, LLC - 115 N Railview Ave Willcox, AZ 85643

(ATTACH ADDITIONAL SHEET IF NECESSARY)

21 JUN 3 11:14:14 PM '08

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
3/2012	CURRENT	7522 S Bear Track Trail Willcox AZ 85643

(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) Robert Carl Carlson III 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.

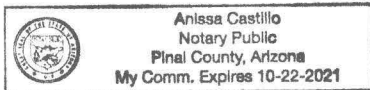
Signature: [Signature]

State of Arizona County of Pinal

The foregoing instrument was acknowledged before me this

My Commission Expires on: 10/22/2021 Date

7 Day of October, 2020 Year  
Day Month Year



[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 5<sup>th</sup> 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) Robert Carl Carlson III

**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 Orange State (or equivalent) CA 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 Driver's License  
 Go to Section IV.

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

21 JUN 3 14:14 PM '03

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.

**Robert Carl Carlson III**

Individual Owner/Agent Printed Name



Individual Owner/Agent Signature

1-21-21

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 DRIVER LICENSE USA

NOT FOR FEDERAL IDENTIFICATION



9 CLASS D  
9a END NONE  
12 REST NONE

4d DL

3 DC

1 **CARLSON**  
2 **ROBERT CARL, III**  
8 115 N RAILVIEW AVE  
WILLCOX, AZ 85643-2227



4b EXP 08/08/2046 4a ISS 05/10/2016

16 SEX M 18 EYES BRO  
16 HGT 6'-02" 19 HAIR BRO

17 WGT 170 lb

DONOR ♥

5 DD 6141C2778C1718R1

*Robert Carl, III*

21 JUN 3 09:14:PM '03

Carlson Creek Vineyard LLC  
4574 E. Robbs Road  
Willcox, AZ 85643

May 12th, 2021

To whom it may concern,

I, Robert Carl Carlson III, reside at 7522 S Bear Track Trail, Willcox, AZ 85643.

Sincerely,



Robert Carl Carlson III

5/12/21

21 JUN 3 14P. LC. PM 3 03

Certificate of Completion  
For  
Title 4 BASIC Liquor Law Training

<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  
**ROBERT CARLSON**

Full Name (please print)

Signature

03/23/2021

03/23/2024

Training Completion Date  
Certificate Expiration Date  
(three years from completion date)

Training Provider Information

**ABC – Arizona Business Council for Alcohol Education**

Company Name

8155 North 24th Avenue, Suite A; Phoenix, Arizona 85021

Mailing Address

(602) 285-1396

Daytime Contact Phone Number

I, **Jesus Altamirano**, certify that the above named individual did successfully complete the 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).

Instructor Signature

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) | Government (series 5)            | Bar (series 6)           | Beer & Wine Bar (series 7)           |
| Conveyance (series 8)            | Liquor Store (series 9)          | Private Club (series 14) | Hotel/Motel w/restaurant (series 11) |
| Restaurant (series 12)           | In-state Farm Winery (series 13) |                          | 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.

64566590

Certificate of Completion  
For  
Title 4 MANAGEMENT Liquor Law Training

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.  
Basic Title 4 training is a prerequisite for MANAGEMENT Title 4 training. A valid Certificate of Completion for BASIC Title 4 training must be on file at the Department of Liquor and satisfactory completion of a State-approved BASIC Title 4 course must be verified by the training provider prior to issuing a Certificate of Completion for MANAGEMENT Title 4 training.  
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  
**ROBERT CARLSON**

Full Name (please print)

*Robert Carlson*  
Signature

11/17/2020

11/18/2023

Training Completion Date      Certificate Expiration Date  
(three years from completion date)

Training Provider Information  
**ABC - Arizona Business Council for Alcohol Education**

Company Name  
8155 North 24th Avenue, Suite A; Phoenix, Arizona 85021

Mailing Address  
(602) 285-1396

Daytime Contact Phone Number

I, **Jesus Altamirano**, certify that the above named individual did successfully complete  
Title 4 MANAGEMENT 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).

*Jesus Altamirano*  
Instructor Signature

2/15/16      February      2016  
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) licensee, agent(s) and manager(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below

- |                                  |                                  |                          |                                      |
|----------------------------------|----------------------------------|--------------------------|--------------------------------------|
| In-state Microbrewery (series 3) | Government (series 5)            | Bar (series 6)           | Beer & Wine Bar (series 7)           |
| Conveyance (series 8)            | Liquor Store (series 9)          | Private Club (series 14) | Hotel/Motel w/restaurant (series 11) |
| Restaurant (series 12)           | In-state Farm Winery (series 13) |                          | 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.



Arizona Department of Liquor Licenses and Control  
 800 W Washington 5<sup>th</sup> 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

805-018

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

**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#: 151476

1. Check the Appropriate Box →

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

2. Name: Carlson Jr., Robert Carl Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

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

4. Place of birth: Chicago, IL, USA Height: 5'11" Weight: 175 Eyes: Brn Hair: Wht  
City State COUNTRY (not county)

5. Name of current/most recent spouse: Carlson, Elizabeth Teresa 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: CA

7. Daytime telephone number: 619-871-2598 E-mail address: Bob.carlson@Carlsoncreek.com

8. Business Name: Carlson Creek Vineyard LLC Business Phone: 520/766/3000

9. Business Location Address: 4574 E Robbins rd Willcox. AZ Cochise 85643  
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)
7/86	CURRENT	Partner/ Attorney	KNCH, 225 Broadway, 21st Floor, San Diego, CA 92101

(ATTACH ADDITIONAL SHEET IF NECESSARY)

21 JUN 3 14:14 PM '03

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
8/93	CURRENT	16263 Windpiper Road. Poway, CA 92064

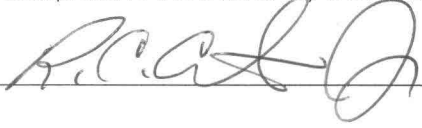
(ATTACH ADDITIONAL SHEET IF NECESSARY)

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) Robert C. Carlson, Jr. 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 \_\_\_\_\_

**The foregoing instrument was acknowledged before me this**

My Commission Expires on: \_\_\_\_\_ 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: \_\_\_\_\_

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }
County of San Diego }

On February 8, 2021 before me, Leah Ruth Benrimoj, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Robert C. Carlson, Jr
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: AZ Dept of Liquor Licenses + Control

Document Date: Number of Pages:

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name: Robert C. Carlson, Jr Signer's Name:

- Corporate Officer - Title(s)
Partner - Limited General
Individual Attorney in Fact
Trustee Guardian or Conservator
Other:

Signer is Representing:

21 JUN 3 09:15: PM '21



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

805-018

**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.

**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#: 151476

1. Check the Appropriate Box →

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

2. Name: Carlson John Patrick Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

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

4. Place of birth: Orange CA USA (AT) Height: 6'2 Weight: 185 Eyes: br Hair: br  
City State COUNTRY (not county)

5. Name of current/most recent spouse: \_\_\_\_\_ 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: 8/25/2010

7. Daytime telephone number: (619)851-2597 E-mail address: john.carlson@carlsoncreek.com

8. Business Name: Carlson Creek Vineyard LLC (AT) Business Phone: 520 / 766 / 3000

9. Business Location Address: 4574 E Robbs rd (AT) Willcox AZ Cochise 85643  
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)
08/2010	CURRENT	Member	Carlson Creek Vineyard LLC 115 Railveiw Ave. Willcox, AZ 85643

(ATTACH ADDITIONAL SHEET IF NECESSARY)

21 JUN 3 11:47 AM '03

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
05/2012	CURRENT	7522 Bear Track Tr. Willcox AZ 85643


(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) John Patrick Carlson 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 Cochise  
 The foregoing instrument was acknowledged before me this

My Commission Expires on: 8-4-21 Date 14<sup>th</sup> Day of January, 2021  
 Day Month Year



**MARIA G. LUGO**  
Notary Public - State of Arizona  
COCHISE COUNTY  
My Commission Expires  
August 4, 2021

  
 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 5<sup>th</sup> 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

805-018

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

**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#: 151476

1. Check the Appropriate Box →

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

2. Name: CARLSON ELIZABETH TERESA Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

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

4. Place of birth: CHICAGO IL USA Height: 54 Weight: 150 Eyes: BRN Hair: BRN  
City State COUNTRY (not county)

5. Name of current/most recent spouse: CARLSON ROBERT CARL 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: \_\_\_\_\_

7. Daytime telephone number: 619-994-1626 E-mail address: elizabeth.t.carlson@gmail.com

8. Business Name: CARLSON CREEK VINEYARDS LLC (M) Business Phone: 560/766/3000

9. Business Location Address: 4574 E Robbins rd. Willcox AZ Cochise 85643 (M)  
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)
1/2000	CURRENT	Home maker	16263 Windpiper rd Poway, CA 92064 (M)

(ATTACH ADDITIONAL SHEET IF NECESSARY)

21 JUN 3 11:49 AM '03

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
06/1992	CURRENT	14263 WINDPIPER RD. POWAY, CA 92064

(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

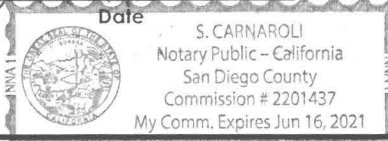
**If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved and dispositions.  
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED**

**NOTARY**

I (Print Full Name) ELIZABETH T. CARLSON 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: *Elizabeth T. Carlson* State of CA County of SAN DIEGO  
 The foregoing instrument was acknowledged before me this

My Commission Expires on: June 16, 2020 17<sup>th</sup> Day of December, 2020  
 Date Day Month Year



S. CARNAROLI  
Notary Public - California  
San Diego County  
Commission # 2201437  
My Comm. Expires Jun 16, 2021

*S. Carnaroli*  
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

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

805-018

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

**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#: 151476

1. Check the Appropriate Box →

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

2. Name: Carlson Katherine Elaine Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

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

4. Place of birth: Orange CA USA Height: 5'7" Weight: 145 Eyes: BRN Hair: BRN  
City State COUNTRY (not county)

5. Name of current/most recent spouse: Rosen Nicholas Michael 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: California

7. Daytime telephone number: (619)787-4995 E-mail address: Katherine.e.carlson@gmail.com

8. Business Name: Carlson Creek Vineyard, LLC Business Phone: 520/766/3000

9. Business Location Address: 4574 E. Robbs Road, Willcox, AZ Cochise 85643  
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)
04/12	CURRENT	Law Firm	KNCH 225 Broadway, San Diego, CA 92101

(ATTACH ADDITIONAL SHEET IF NECESSARY)

21 JUN 3 14:41:16 PM '08

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
01/19	CURRENT	2480 Island Ave., San Diego, CA 92102
09/13	01/19	3158 Ivy Street, San Diego, CA 92104

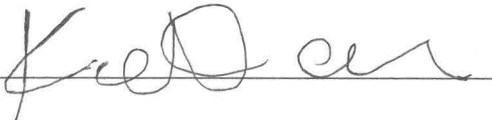
(ATTACH ADDITIONAL SHEET IF NECESSARY)

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) Katherine Carlson 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 \_\_\_\_\_  
The foregoing instrument was acknowledged before me this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_ Year

My Commission Expires on: \_\_\_\_\_ 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: \_\_\_\_\_

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }  
County of San Diego }

On January 06, 2021, before me, Roxana Escogido, Notary Public, personally appeared Katherine Carison

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

21 JUN 3 11:11 AM '21

I certify under PENALTY OF PERJURY under the laws of State of California that the foregoing paragraph is true and correct.



WITNESS my hand and official seal.

SIGNATURE

*Roxana Escogido*

PLACE NOTARY SEAL ABOVE

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

**Description of attached document**

Title or type of document: Arizona Dept. of Liquor Licenses & Control Questionnaire

Document Date: January 06, 2021 Number of Pages: 2 w/ attach

Signer(s) Other than Named Above: \_\_\_\_\_

DEPARTMENT OF THE TREASURY – ALCOHOL AND TOBACCO TAX AND TRADE BUREAU

**BASIC PERMIT**

(Under Federal Alcohol Administration Act)

1. PERMIT NUMBER

AZ-W-15037

2. DATE OF PERMIT

09/04/2019

5. NAME AND ADDRESS OF PERMITTEE (Number and street, city or town, State and Zip Code)

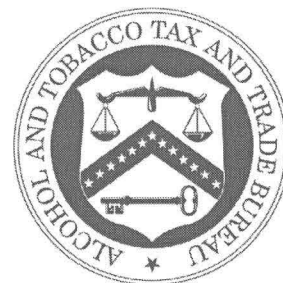
CARLSON CREEK VINEYARD, LLC  
 DBA: CARLSON CREEK VINEYARD  
 4574 E ROBBS RD  
 WILLCOX, AZ 85643

3. REGISTRY NUMBER (if applicable)

BWN-AZ-15036

4. DATE OF APPLICATION

09/01/2009



6. TRADE NAMES AUTHORIZED BY THIS PERMIT (Trade name approval does not constitute approval as a brand name for labeling purposes. If needed, list on reverse or use continuation sheet.)

7. PERMIT GRANTED FOR (ONE TYPE OF OPERATION ONLY)

Pursuant to the application of the date indicated in item 4, you are authorized and permitted to engage, at the above address, in the business of:

- a.  Distilled Spirits -  distiller  rectifier (processor)  warehouseman and/or  warehouseman and bottler and while so engaged, to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the distilled spirits so distilled or rectified, or warehoused and bottled, or the wines so rectified,
- b.  Wine -  producer and blender  blender and while so engaged, to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the wine so produced or blended,
- c.  Importer - importing into the United States the following alcoholic beverages: while so engaged, to sell, offer to deliver for sale, contract to sell or ship, in interstate or foreign commerce, the alcoholic beverages so imported,
- d.  Wholesaler – Purchasing for resale at wholesale the following alcoholic beverages: while so engaged, to receive or to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the alcoholic beverages so Purchased.

21 JUN 3 11P. 12 PM 2014

This Permit is conditioned upon your compliance with the Federal Alcohol Administration Act; the Twenty-first Amendment and laws relating to its enforcement; all other Federal laws relating to distilled spirits, wine, and malt beverages, including taxes with respect to them; the Federal Water Pollution Control Act; and, all applicable regulations made pursuant to law which are now, or may hereafter be, in force.

This basic permit is effective from the date shown above and will remain in force until suspended, revoked, annulled, voluntarily surrendered, or automatically terminated.

THIS PERMIT WILL AUTOMATICALLY TERMINATE THIRTY DAYS AFTER ANY CHANGE IN PROPRIETORSHIP OR CONTROL OF THE BUSINESS, unless an application for a new basic permit is made by the transferee or permittee within the thirty day period. If an application for a new basic permit is timely filed, the outstanding basic permit will continue in effect until the application is acted on by the District Director, Alcohol and Tobacco Tax and Trade Bureau.

THIS PERMIT IS NOT TRANSFERABLE. ANY CHANGE IN THE TRADE NAME, CORPORATE NAME, MANAGEMENT OR ADDRESS OF THE BUSINESS COVERED BY THIS PERMIT, OR ANY CHANGE IN STOCK OWNERSHIP (MORE THAN 10%) MUST BE REPORTED TO THE NATIONAL REVENUE CENTER OR PUERTO RICO FIELD OFFICE WITHOUT DELAY.

THIS IS AN	<input type="checkbox"/> ORIGINAL PERMIT	<input checked="" type="checkbox"/> AMENDED PERMIT
REASON FOR AMENDMENT	DATE OF AMENDMENT	
CHANGE IN LOCATION.	08/08/2019	

SIGNATURE AND TITLE OF AUTHORIZED TTB OFFICIAL

FOR JOHN J. MANFREDA, ADMINISTRATOR  
 TTB F 5170.2 (1/2005)

*Haden T. Murray*  
 for Thurla F. Skora

Digitally signed by Haden T. Murray

Director, National Revenue Center

Date: 2019.09.19 10:00:57 -04'00