

State of Arizona
Department of Liquor Licenses and Control

Created 12/29/2021 @ 12:36:03 PM

Local Governing Body Report

LICENSE

Number:	06020076	Type:	006 BAR
Name:	CATTLE REST SALOON		
State:	Pending		
Issue Date:		Expiration Date:	06/30/2022
Original Issue Date:	07/08/1960		
Location:	933 S HASKELL AVENUE WILLCOX, AZ 85643 USA		
Mailing Address:	PO BOX 1250 WILLCOX, AZ 85644 USA		
Phone:	(520)384-9123		
Alt. Phone:			
Email:	JOACCT@YAHOO.COM		

Currently, this license has pending applications.

AGENT

Name:	JOHN ALAN OBERREUTER
Gender:	Male
Correspondence Address:	PO BOX 1250 WILLCOX, AZ 85644 USA
Phone:	(520)584-9213
Alt. Phone:	
Email:	JOACCT@YAHOO.COM

OWNER

Name:	JOHN ALAN OBERREUTER
Gender:	Male
Correspondence Address:	PO BOX 1250 WILLCOX, AZ 85644 USA
Phone:	(520)584-9123
Alt. Phone:	
Email:	JOACCT@YAHOO.COM

APPLICATION INFORMATION

Application Number: 176420
Application Type: Owner Transfer
Created Date: 12/29/2021

CA

QUESTIONS & ANSWERS

006 Bar

- 1) Are you applying for an Interim Permit (INP)?
Yes
A Document of type INTERIM PERMIT (INP) NOTARY PAGE is required.
- 4) 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
- 8) Did the Premises phone number change?
No
- 10) Provide name, address, and distance of nearest school and church. (If less than one (1) mile note footage)
WILLCOX ELEMENTARY SCHOOL- 5 MILES
501 W DELSO ST WILLCOX, AZ 85643

COURT OF PRAISE- 2 MILES
1575 S NEWHOUSE LN WILLCOX, AZ 85643
- 11) Are you one of the following? Please indicate below.
Property Tenant
Sub-tenant
Property Owner
Property Purchaser
Property Management Company
Property Tenant
- 12) Is there a penalty if lease is not fulfilled?
No
- 13) What is the total money borrowed for the business not including the lease?
Please list lenders/people owed money for the business.
0
- 14) Is there a drive through window on the premises?
No
- 15) If there is a patio please indicate contiguous or non-contiguous within 30 feet.
CONTIGUOUS PATIO
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No
- 23) Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only)
\$50,000.00

State of Arizona
Department of Liquor Licenses and Control

Created 12/29/2021 @ 12:37:04 PM

Local Governing Body Report

LICENSE

Number:	INP020016743	Type:	INP INTERIM PERMIT
Name:	CATTLE REST SALOON		
State:	Closed		
Issue Date:	12/29/2021	Expiration Date:	04/13/2022
Original Issue Date:	12/29/2021		
Location:	933 S HASKELL AVENUE WILLCOX, AZ 85643 USA		
Mailing Address:	PO BOX 1250 WILLCOX, AZ 85644 USA		
Phone:	(520)384-9123		
Alt. Phone:			
Email:	JOACCT@YAHOO.COM		

AGENT

Name:	JOHN ALAN OBERREUTER
Gender:	Male
Correspondence Address:	PO BOX 1250 WILLCOX, AZ 85644 USA
Phone:	(520)584-9213
Alt. Phone:	
Email:	JOACCT@YAHOO.COM

OWNER

Name:	JOHN ALAN OBERREUTER
Gender:	Male
Correspondence Address:	PO BOX 1250 WILLCOX, AZ 85644 USA
Phone:	(520)584-9123
Alt. Phone:	
Email:	JOACCT@YAHOO.COM

APPLICATION INFORMATION

Application Number: 176421
Application Type: New Application
Created Date: 12/29/2021

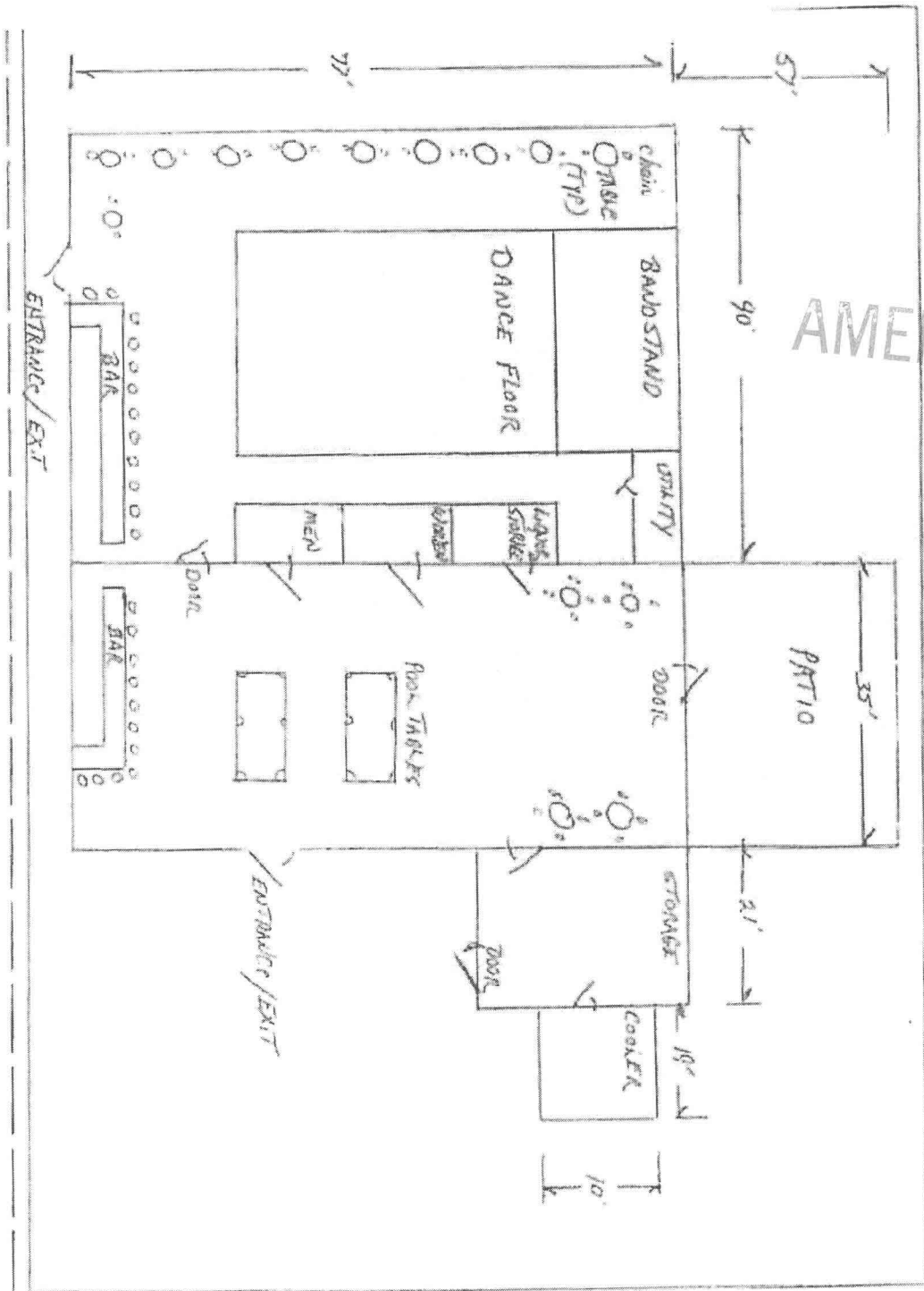
CA

QUESTIONS & ANSWERS

INP Interim Permit

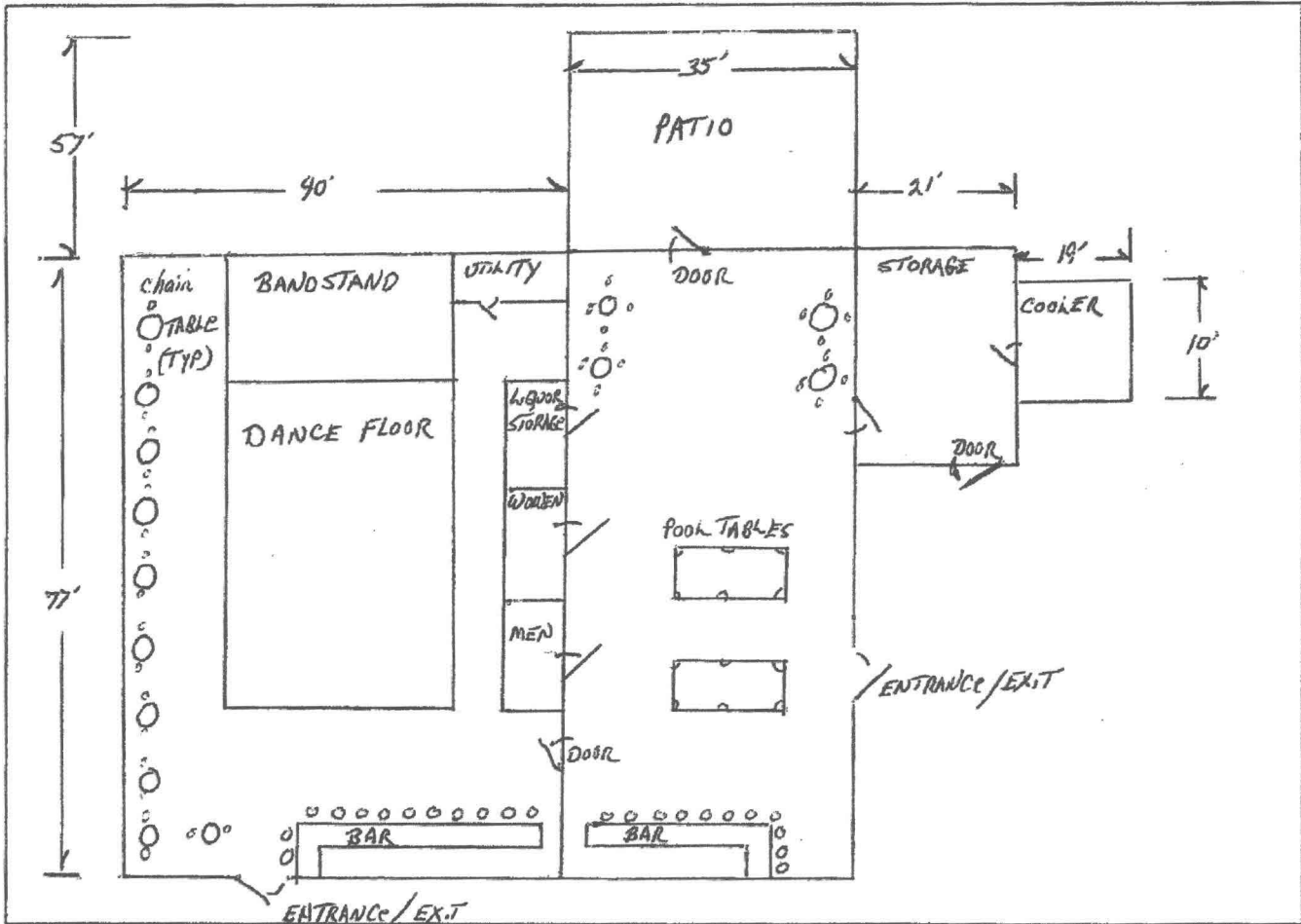
- 1) Enter License Number currently at location
06020076
- 2) Is the license currently in use?
Yes
- 3) Will you please submit section 5, page 6, of the license application when you reach the upload page?
Yes
A Document of type INTERIM NOTARY PAGE is required.

AMENDMENT



4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.



SECTION 16 Signature Block

I, JOHN LESLEY PERMENTER, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X _____
(signature of applicant listed in Section 4, Question 1)

State of _____ County of _____

The foregoing instrument was acknowledged before me this

_____ of _____, _____
Day Month Year

My commission expires on : _____
Day Month Year

signature of NOTARY PUBLIC

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

BAR
License 06020076

Issue Date: 6/4/2021 Expiration Date: 6/30/2022

Issued To:
JOHN LESLEY PERMENTER, Agent
P BAR C CATTLE REST LLC, Owner

Location:
CATTLE REST
933 S HASKELL AVENUE
WILLCOX, AZ 85643
USA



Mailing Address:
JOHN LESLEY PERMENTER
P BAR C CATTLE REST LLC
CATTLE REST
933 S HASKELL AVENUE
WILLCOX, AZ 85643
USA

EXP 6/30/2022

POST THIS LICENSE IN A CONSPICUOUS PLACE

SECTION 5 Interim Permit

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

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

1. Enter license number currently at the location: 060L0076


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

NOTARY

I (Print Full Name) John Lesley Permenter hereby declare that I am the Agent, Current Owner, or Controlling Person on the stated license and location.

Signature: [Signature] State of Arizona County of Cochise
 The foregoing instrument was acknowledged before me this

My Commission Expires on: 12/10/2021 5th Day of Nov., 2021
 Day Month Year



PERLA MARTINEZ
 Notary Public - State of Arizona
 COCHISE COUNTY
 My Commission Expires
 December 10, 2021

[Signature]
 Signature of Notary

SECTION 6 Background Check

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD, AND \$22 PROCESSING FEE PER CARD.

1. If the applicant is an entity, and not an individual, answer questions 1a-b.

a) Date Incorporated/Organized: _____ State where Incorporated/Organized: _____

b) AZ Corporation or AZ L.L.C. File No: _____ Date authorized to do business in AZ: _____

2. List any individual or entity that owns a beneficial interest of 10% or more and/or controls the applicant or licensee. If the applicant is owned by another entity, attach an organizational chart showing the ownership structure. Attach additional sheets as needed. Disclose all controlling persons and members, shareholders or general partners who own a beneficial interest of 10% or more of the applicant or licensee.

Last	First	Middle	Title	%Owned	Mailing Address	City	State	Zip

(Attach additional sheet if necessary)

SECTION 7 Probate, Receiver, Bankruptcy Trustee, Assignment, or Divorce Decree of an existing liquor license A.R.S. §4-204

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD, AND \$22 PROCESSING FEE PER CARD.

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

2. Assignee's Name: _____
 Last First Middle

3. License Number: _____

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

BILL OF SALE

SELLER

John Lesley Permenter

P Bar C Cattlerest LLC

933 S Haskell Ave

Willcox, AZ 85643



BUYER

John Oberreuter

PO Box 277

Willcox, AZ 85643

520-766-4829

DESCRIPTION OF PROPERTY BEING SOLD

AMENDMENT

Date of Sale: November 8, 2021

Purchase Price/Value: \$50,000.00

Item of Purchase: State of Arizona Alcoholic Beverage License #06020076

Where will property be located: 933 S. Haskell Ave., Willcox, AZ 85643

I, the undersigned, hereby swear or affirm that I the Seller of the above property described herein and that the information provided in this Bill of Sale is true and correct to the best of my belief.

Signature of Seller: [Handwritten Signature] Date: 11/8/21

Signature of Buyer: [Handwritten Signature] Date: 11/8/21

SECTION 14 SIGNATURE BLOCK

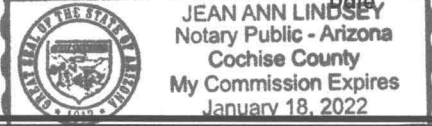
NOTARY

I (Print Full Name) John Alan Oberreuter hereby declare that I am the Individual Agent, Owner,
Or Controlling Person on the stated license and location.

Signature: [Signature] State of ARIZONA County of Cochise

The foregoing instrument was acknowledged before me this

My Commission Expires on: 1/18/2022 10 Day of NOVEMBER 2021
Day Month Year



JEAN ANN LINDSEY
Notary Public - Arizona
Cochise County
My Commission Expires
January 18, 2022

[Signature]
Signature of Notary

A.R.S. §41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

BILL OF SALE

SELLER

John Lesley Permenter
P Bar C Cattlerest LLC
933 S Haskell Ave
Willcox, AZ 85643

Photo

BUYER

John Oberreuter
JNA Associates
PO Box 277
Willcox, AZ 85643
520-766-4829

DESCRIPTION OF PROPERTY BEING SOLD

Date of Sale: November 8, 2021

Purchase Price/Value: \$50,000.00

Item of Purchase: State of Arizona Alcoholic Beverage License #06020076

Where will property be located: 933 S. Haskell Ave., Willcox, AZ 85643

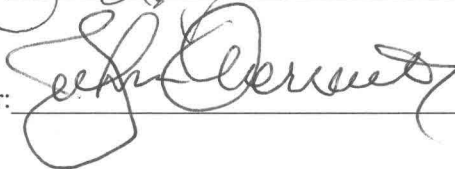
I, the undersigned, hereby swear or affirm that I the Seller of the above property described herein and that the information provided in this Bill of Sale is true and correct to the best of my belief.

Signature of Seller:



Date: 11-08-2021

Signature of Buyer:



Date: 11/8/21



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

NOV 30 11:00 AM '14
 DLIC USE ONLY

Job #	176420
Date Accepted:	12/21/21
CSR:	CS

Application for Liquor License
 Type or Print with Black Ink

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE
 A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

SECTION 1 Type of License

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

Apply to become Arizona Lottery retailer

SECTION 2 Type of Ownership

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

AMENDMENT

- SECTION 3 Type of Privilege**
- Add Sampling Privilege for Series 9 and 10 only (Complete Sampling Privilege application) A.R.S. §4-206.01 (G), (H), (I) & (L)
 - Add Growler privileges (restaurant, series 12 license only. 300-foot restriction applies) A.R.S. §4-207(A) & (B)

1. Type of License (Series of license): #6 2. LICENSE # 06025076/#176420

SECTION 4 Applicants

1. Agent's Name: Oberreuter John Alan
Last First Middle
2. Individual/Owner Name: Oberreuter John Alan
(Ownership name for type of ownership checked in section 2)
3. Business Name (Doing Business As-DBA): Cattle Rest Saloon
4. Business Location Address: 933 S Haskell Ave Willcox Az 85643
(Do not use PO Box) Street City State Zip Code County
5. Mailing Address: PO Box 1250 Willcox Az 85647 Cochise
(All correspondence will be mailed to this address) Street City State Zip Code
6. Business Phone: 520 384 9213 Daytime Contact Phone: 520 384 9213
7. Email Address: joacct@yphoo.com
8. Is the Business located within the incorporated limits of the above city or town? Yes No
 If you checked no, in what City, Town, County or Tribal/Indian Community is this business located? Cochise
9. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ 50,000

Fees	<u>100</u>	<u>100</u>	Department Use Only	<u>0</u>	<u>22</u>	\$ <u>22⁰⁰</u>
	Application	Interim Permit	Site Inspection	Finger Prints	Total of All Fees	
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						



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

DLLC USE ONLY	
Job #	176420
Date Accepted:	12/29/21
CSR:	CA

Application for Liquor License
Type or Print with Black Ink

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE
A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

SECTION 1 Type of License

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

Apply to become Arizona Lottery retailer

SECTION 2 Type of Ownership

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

- SECTION 3 Type of Privilege Add Sampling Privilege for Series 9 and 10 only (Complete Sampling Privilege application) A.R.S. § 4-206.01 (G), (H), (I) & (L)
- Add Growler privileges (restaurant, series 12 license only. 300-foot restriction applies) A.R.S. § 4-207(A) & (B)

1. Type of License (Series of license): # 6
2. LICENSE # 00070576 # 176420

SECTION 4 Applicants

1. Agent's Name: Oberrenter John Alan
Last First Middle

2. Individual/Owner Name: Oberrenter John Alan
(Ownership name for type of ownership checked in section 2)
Last First Middle

3. Business Name (Doing Business As-DBA): Cattle Rest Saloon

4. Business Location Address: 933 S Haskell Wilcox AZ Cochise
(Do not use PO Box) Street City State Zip Code County

5. Mailing Address: PO Box 1250 Wilcox AZ 85644
(All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: 520 384-9213 Daytime Contact Phone: 978-707-0015

7. Email Address: jpaact@yahoo.com

8. Is the Business located within the incorporated limits of the above city or town? Yes No
If you checked no, in what City, Town, County or Tribal/Indian Community is this business located? Cochise

9. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ 50,000

Fees	100	100	Department Use Only	22	\$ 220 ⁰⁰
	Application	Interim Permit	Site Inspection	Finger Prints	Total of All Fees
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

SECTION 5 Interim Permit

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

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

1. Enter license number currently at the location: 06020076

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

NOTARY

I (Print Full Name) Lesley Formenter hereby declare that I am the Agent, Current Owner, or Controlling Person on the stated license and location.

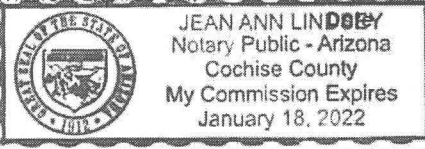
Signature: [Signature] State of ARIZONA County of Cochise

The foregoing instrument was acknowledged before me this 24th Day of November, 2021

My Commission Expires on: 1/18/2022

Day Month Year

[Signature]
Signature of Notary



JEAN ANN LINDSEY
Notary Public - Arizona
Cochise County
My Commission Expires
January 18, 2022

SECTION 6 Background Check

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD, AND \$22 PROCESSING FEE PER CARD.

1. If the applicant is an entity, and not an individual, answer questions 1a-b.

- a) Date Incorporated/Organized: _____ State where Incorporated/Organized: _____
- b) AZ Corporation or AZ L.L.C. File No: _____ Date authorized to do business in AZ: _____

2. List any individual or entity that owns a beneficial interest of 10% or more and/or controls the applicant or licensee. If the applicant is owned by another entity, attach an organizational chart showing the ownership structure. Attach additional sheets as needed. Disclose all controlling persons and members, shareholders or general partners who own a beneficial interest of 10% or more of the applicant or licensee.

Last	First	Middle	Title	%Owned	Mailing Address	City	State	Zip
Oberlander	John	A	Owner	100	PO Box 277 Wilcox	Az		85644

(Attach additional sheet if necessary)

SECTION 7 Probate, Receiver, Bankruptcy Trustee, Assignment, or Divorce Decree of an existing liquor license A.R.S. §4-204

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD, AND \$22 PROCESSING FEE PER CARD.

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

2. Assignee's Name: _____
Last First Middle

3. License Number: _____

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

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

21 NOV 30 Lic. Lic. AM 9 14

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

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

1. License #: 06020076
2. Individual Owner/Agent Name: Oberreuter John Alan
Last First Middle
3. Ownership Name: John Alan Oberreuter
(Exactly as it appears on the license)
4. Current Business Name: Cattle Rest Saloon
(Exactly as it appears on the license)
5. Business Location Address: 933 S Haskell Willcox AZ Cochise 85643
Street City State County Zip
6. Current Daytime Phone: 520 384 9213 Primary Email Address: joacct@yahoo.com
7. Does current licensee intend to operate the business while this application is pending? Yes No
8. I, _____ authorize the transfer of this license to the applicant.

AMENDMENT

NOTARY
I (Print Full Name) John Lesley Permenter hereby declare that I am the Individual Agent, Owner, Or Controlling Person on the stated license and location.
Signature: [Signature] State of ARIZONA County of COCHISE
The foregoing instrument was acknowledged before me this 24th Day of November, 2021
Day Month Year
My Commission Expires on: 1/18/2022
JEAN ANN LINDSEY
Notary Public - Arizona
Cochise County
My Commission Expires
January 18, 2022
Signature of Notary [Signature]

SECTION 10 Location Transfer- Current Licensee Information ARS§4-203(C), (D), (G)
(Bar and Liquor Stores only – Series 06, 07, and 09)

1. Current Business: Name: _____
Address: _____
(exactly as it appears on license)
2. New Business: Name: _____
Address: _____

SECTION 11 Proximity to Church or School - Questions to be completed by 6, 7, 9, 10 and 12G applicants. Lic. #1226

A.R.S. §4-207. (A) and (B) state that no **retailer's license** shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12), or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building.

The above paragraph DOES NOT apply to:

- a) Restaurants that do not sell growlers (A.R.S. §4-205.02) Series 12
- b) Hotel/motel license (A.R.S. §4-205.01) Series 11
- c) Microbrewery (A.R.S. §4-205.08) Series 03
- d) Craft Distillery (A.R.S. §4-205.10) Series 18
- e) Government license (A.R.S. §4-205.03) Series 05
- f) Playing area of a golf course (A.R.S. §4-207 (B)(5))
- g) Wholesaler/Distributor Series 04
- h) Farm Winery Series 13
- i) Producer Series 01

1. Distance to nearest School: _____
 (If less than one (1) mile, note footage)

Name of School: Willecox Elementary School

Address: 501 W Delos St.
Willecox AZ 85643 ✓

2. Distance to nearest Church: _____
 (If less than one (1) mile, note footage)

Name of Church: _____

Address: _____

SECTION 12 Business Financials A.R.S. §4-202(F)

1. I am the:

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

AMENDMENT

2. If the premises is leased give lessors: Name: _____

Address: _____
Street City State Zip

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

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

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

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

(Attach additional sheet if necessary)

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

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

SECTION 11 Proximity to Church or School - Questions to be completed by 6, 7, 9, 10 and 12G applicants. Lic. AM 9 114

A.R.S. §4-207. (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12), or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building.

The above paragraph **DOES NOT** apply to:

- a) Restaurants that do not sell growlers (A.R.S. §4-205.02) Series 12
- b) Hotel/motel license (A.R.S. §4-205.01) Series 11
- c) Microbrewery (A.R.S. §4-205.08) Series 03
- d) Craft Distillery (A.R.S. §4-205.10) Series 18
- e) Government license (A.R.S. §4-205.03) Series 05
- f) Playing area of a golf course (A.R.S. §4-207 (B)(5))
- g) Wholesaler/Distributor Series 04
- h) Farm Winery Series 13
- i) Producer Series 01

1. Distance to nearest School: 5 miles Name of School: Wx Public Schools
 (If less than one (1) mile, note footage) Address: _____

2. Distance to nearest Church: 2 miles Name of Church: Corner of Praise
 (If less than one (1) mile, note footage) Address: 1575 S Newhouse Ln
Willcox Az 85643

SECTION 12 Business Financials A.R.S. §4-202(F)

1. I am the:

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

AMENDMENT

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

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

4. Total money borrowed for the Business, not including lease? \$ 0

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

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
<u>N/A</u>							

(Attach additional sheet if necessary)

5. Has a license or a transfer license for the premises on this application been denied by the state within the past year?
 Yes No If yes, attach explanation.
6. Does any spirituous liquor manufacturer, wholesaler, or employee have an interest in your business?
 Yes No If yes, attach explanation.

SECTION 11 Proximity to Church or School - Questions to be completed by 6, 7, 9, 10 and 12G applicants.

A.R.S. §4-207. (A) and (B) state that no **retailer's license** shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12), or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building.

The above paragraph DOES NOT apply to:

- a) Restaurants that do not sell growlers (A.R.S. §4-205.02) Series 12
- b) Hotel/motel license (A.R.S. §4-205.01) Series 11
- c) Microbrewery (A.R.S. §4-205.08) Series 03
- d) Craft Distillery (A.R.S. §4-205.10) Series 18

- e) Government license (A.R.S. §4-205.03) Series 05
- f) Playing area of a golf course (A.R.S. §4-207 (B)(5))
- g) Wholesaler/Distributor Series 04
- h) Farm Winery Series 13
- i) Producer Series 01

1. Distance to nearest School: 5 miles Name of School: Wx Public Schools
 (If less than one (1) mile, note footage) Address: _____

2. Distance to nearest Church: 2 miles Name of Church: _____
 (If less than one (1) mile, note footage) Address: _____

SECTION 12 Business Financials A.R.S. §4-202(F)

1. I am the:

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

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

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

4. Total money borrowed for the Business, not including lease? \$ 0

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

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
<u>N/A</u>							

(Attach additional sheet if necessary)

5. Has a license or a transfer license for the premises on this application been denied by the state within the past year?
 Yes No If yes, attach explanation.
6. Does any spirituous liquor manufacturer, wholesaler, or employee have an interest in your business?
 Yes No If yes, attach explanation.

SECTION 13 Diagram of Premises

Check ALL boxes that apply to your business:

Walk-up or drive-through windows

Patio: Contiguous

Patio: Non-Contiguous within 30 feet

1. Is your licensed premises now closed due to construction, renovation or redesign or rebuild?

Yes No If yes, what is your estimated completion date? ___/___/___

2. What type of business will this license be used for? (be Specific) BAR

3. Please attach a diagram of the premises which clearly shows only the areas where spirituous liquor will be sold, served, consumed, dispensed, possessed or stored. Include entrances, exits, interior walls, bar areas, dining areas, dance floor, stage, game room and kitchen.

DO NOT INCLUDE

Parking lots, living quarters or areas where business is not conducted under this liquor license. Please identify which orientation is North on the diagram.

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

ATTACH DIAGRAM

IMPORTANT NOTE: As stated in A.R.S. §4-207.01 (B), it is the licensee's responsibility to notify the Department of Liquor Licenses and Control when there are changes to the service areas or the square footage of the licensed premises, either by increase or decrease.

RESTAURANTS AND HOTELS/MOTELS ONLY

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

5a. Provide a detailed drawing of the kitchen and dining areas, including the locations of all kitchen equipment and dining furniture. These are required as part of the diagram. A.R.S. §4-205.02(C)

5b. Provide a restaurant operation plan.



*21 DEC 22 Lic. Lic. #M1026

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.

805.108

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.

AMENDMENT

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#: 06020076/#176420

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: Oberreuter John Alan Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Cedar Rapids IA USA Height: 6'1" Weight: 220 Eyes: GREEN Hair: Silver
City State COUNTRY (not county)

5. Name of current/most recent spouse: NONE 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: [REDACTED]

7. Daytime telephone number: 9282020845 E-mail address: joracet@yahoo.com

8. Business Name: Cattle Rest Saloon Business Phone: 520 384 9213

9. Business Location Address: 933 S Haskell Ave 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)
7/1982	CURRENT	Owner	Oberreuter Accounting Service: 241 S Haskell Willcox Az

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

21 DEC 22 Lic. Lic. #1026

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
7/1982	CURRENT	256 W Grand St 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? Yes No
If you answered YES, then answer #13 below. If NO, skip to #14.

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

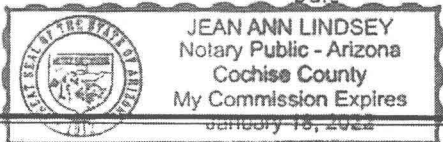
If you answered "YES" to any Question 14 through 18 **YOU MUST** attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) John Alvo Oberreuter 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 Az County of Cochise
The foregoing instrument was acknowledged before me this

My Commission Expires on: 1/18/2022 Date 15th Day of DECEMBER, 2021 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: John Alvo Oberreuter SIGNATURE: [Signature]

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

*21 DEC 17 LIQ. LIC. PM1226

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
7/1982	CURRENT	256 W Grand St Wilcox Az

(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

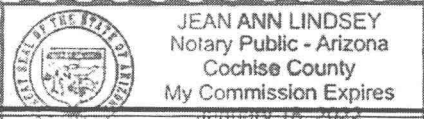
If you answered "YES" to any Question 14 through 18 **YOU MUST** attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) John Alan Oberreuter 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 Az County of Cochise
The foregoing instrument was acknowledged before me this

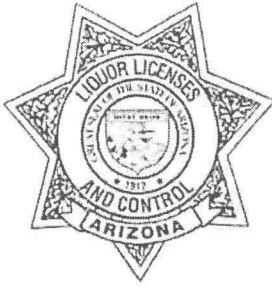
My Commission Expires on: 1/18/2022 15th Day of DECEMBER, 2021
Date Day Month Year



[Signature]
Signature of Notary

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

PRINT NAME: John Alan Oberreuter SIGNATURE: [Signature]



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

21 NOV 30 11:47 AM '14

**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) JOHN ALAN OBERREUTER

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 CEDAR RAPIDS State (or equivalent) IOWA Country or Territory USA

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

2) Name of document: PASSPORT
Go to Section IV.

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

SECTION III – ALIEN STATUS DECLARATION

21 NOV 30 11:47. Lic. #1914

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.

AMENDMENT

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

21 NOV 30 Lic. Lic. AM 9:14

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.

JOHN ALAN OBERREUTER

Individual Owner/Agent Printed Name

[Handwritten signature of John Alan Oberreuter]

Individual Owner/Agent Signature

11/22/21

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.

AMENDMENT

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.

WE THE PEOPLE

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.*

21 NOV 30 1994 Lic. AM 9:14



AMENDMENT

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT
PASAPORTE

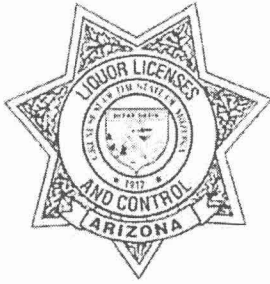
UNITED STATES OF AMERICA

Surname / Nom: [REDACTED]
 OBERREUTER
 Given Name / Prénoms / Nombres: [REDACTED]
 ALAN
 Nationality / Nationalité / Nacionalidad: UNITED STATES OF AMERICA
 Date of Birth / Date de naissance / Fecha de nacimiento: [REDACTED]
 Sex / Sexe / Sexo: M
 Date of issue / Date de délivrance / Fecha de expedición: [REDACTED]
 Authority / Autorité / Autoridad: Department of State
 USA

USA
 OBERREUTER
 ALAN
 M
 [REDACTED]

Alan Oberreuter

'21 DEC 17 Lic. Lic. #M1226



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.

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#: 06020076W

1. Check the Appropriate Box →

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

2. Name: Oberreuter John Alan Birth Date: [REDACTED]

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

4. Place of birth: Cedar Rapids IA USA Height: 6'1" Weight: 220 Eyes: GR Hair: Silver

5. Name of current/most recent spouse: NONE Birth Date: / / (NOT a public record)

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

7. Daytime telephone number: 928 202 0845 E-mail address: joact@yahoo.com

8. Business Name: Cattle Rest Saloon Business Phone: 720 384 9213

9. Business Location Address: 933 S Haskell Wilcox Az Cochise 85643

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)
7/1982	CURRENT	OWNER	Oberreuter Accounting Service 241 S Haskell Wilcox Az 85643

(ATTACH ADDITIONAL SHEET IF NECESSARY)

Certificate # 103h6g-j1a5dg3

Certificate of Completion
For
Title 4 **BASIC** Liquor Law Training

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

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

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

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

Student Information

JOHN OBERREUTER

Full Name (please print)

[Handwritten Signature]

Signature

Oct 30, 2021

Training Completion Date

Oct 29, 2024

Certificate Expiration Date
(three years from completion date)

AMENDMENT

Training Provider Information

AboveTraining.com

Company Name

711 Timpanogos Pkwy M Ste 3100, Orem UT

Mailing Address

801-494-1416

Daytime Contact Phone Number

I, Kathryn Heil, certify that the above named individual did successfully complete
Instructor Name (please print)

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

[Handwritten Signature: Kathryn Heil]

Instructor Signature

Oct 30, 2021

Mo Day 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.

Certificate # 103h6g-j1a5dg3

Certificate of Completion
For
Title 4 **BASIC** Liquor Law Training

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

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

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

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

Student Information

JOHN OBERREUTER

Full Name (please print)

Signature

Oct 30, 2021

Training Completion Date

Oct 29, 2024

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AboveTraining.com

Company Name

711 Timpanogos Pkwy M Ste 3100, Orem UT

Mailing Address

801-494-1416

Daytime Contact Phone Number

I, Kathryn Heil, certify that the above named individual did successfully complete
Instructor Name (please print)

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

Kathryn Heil

Instructor Signature

Oct 30, 2021

Mo Day 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.

Certificate # AZM-ON01204142

21 DEC 22 Liq. Lic. #M1026

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.

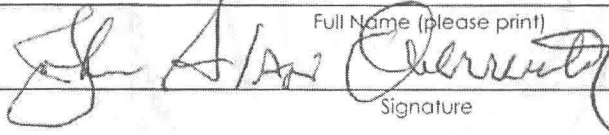
Basic Title 4 training is a prerequisite for MANAGEMENT Title 4 training. A valid Certificate of Completion for BASIC Title 4 training must be on file at the Department of Liquor and satisfactory completion of a State-approved BASIC Title 4 course must be verified by the training provider prior to issuing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

John Alan Oberreuter

Full Name (please print)



Signature

12/19/2021

Training Completion Date

12/18/2024

Certificate Expiration Date
(three years from completion date)

Training Provider Information

360training.com Inc.

Company Name

5000 Plaza on the Lake, Suite 305, Austin, TX 78746

Mailing Address

(877) 881-2235

Daytime Contact Phone Number

I, Samantha Montalbano, certify that the above named individual did successfully complete
Instructor Name (please print)

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).


Instructor Signature

12/19/2021
Day Mo Year

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

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

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

Bar (series 6)
Private Club (series 14)

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

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

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