

State of Arizona
Department of Liquor Licenses and Control

Created 02/12/2022 @ 02:25:14 PM

Local Governing Body Report

LICENSE

Number:		Type:	013 FARM WINERY
Name:	SPA VINO		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	1101 E IRENE STREET PEARCE, AZ 85625 USA		
Mailing Address:	4720 E BURNING TREE PLACE TUCSON, AZ 85718 USA		
Phone:	(520)486-7300		
Alt. Phone:	(520)222-2999		
Email:	RCH-1@OUTLOOK.COM		

AGENT

Name:	ROBERT CLARK HAMILTON
Gender:	Male
Correspondence Address:	4720 E BURNING TREE PLACE TUCSON, AZ 85718 USA
Phone:	(520)222-2999
Alt. Phone:	
Email:	RCH-1@OUTLOOK.COM

OWNER

Name:	SPA VINO LLC		
Contact Name:	ROBERT CLARK HAMILTON		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	23038095	State of Incorporation:	AZ
Incorporation Date:	11/27/2019		
Correspondence Address:	4720 E BURNING TREE PLACE TUCSON, AZ 85718 USA		
Phone:	(520)222-2999		
Alt. Phone:			
Email:	RCH-1@OUTLOOK.COM		

Officers / Stockholders

Name:
ROBERT CLARK HAMILTON

Title:
MEMBER

% Interest:
100.00

SPA VINO LLC - MEMBER

Name: ROBERT CLARK HAMILTON
Gender: Male
Correspondence Address: 4720 E BURNING TREE PLACE
TUCSON, AZ 85718
USA
Phone: (520)222-2999
Alt. Phone:
Email: RCH-1@OUTLOOK.COM

APPLICATION INFORMATION

Application Number: 181171
Application Type: New Application
Created Date: 01/24/2022



QUESTIONS & ANSWERS

013 Farm Winery

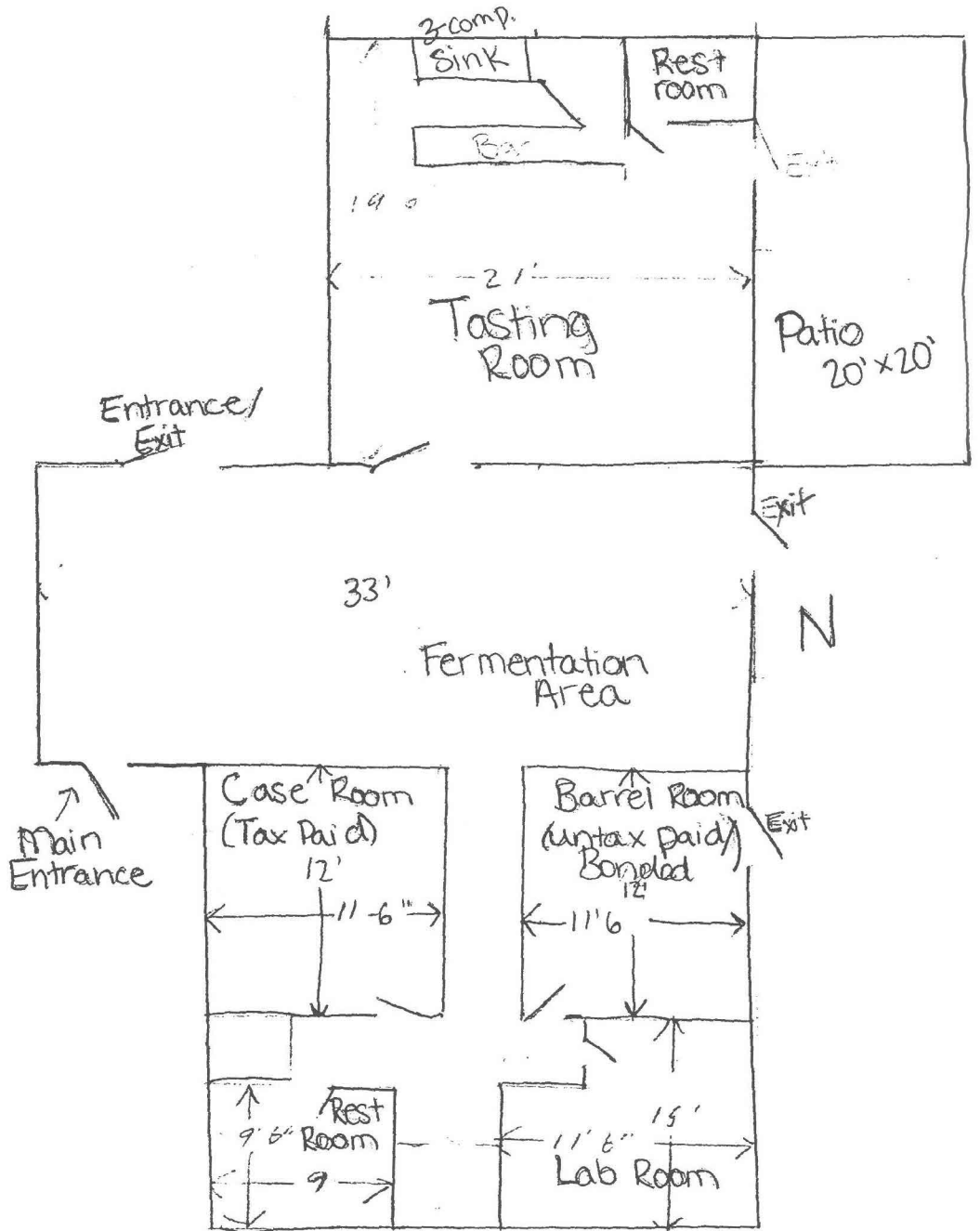
- 1) Are you applying for an Interim Permit (INP)?
No
- 2) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
Property Tenant
- 3) Is there a penalty if lease is not fulfilled?
Yes
What is the penalty?
\$2500 Security Deposit
- 4) Is the Business located within the incorporated limits of the city or town of which it is located?
Yes
- 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.
Yes, Contiguous
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
QUESTIONNAIRE	Spa Vino- Questionnaire.pdf	01/24/2022
ALIEN STATUS	Spa Vino- AZ Statement of Citizenship.pdf	01/24/2022
DIAGRAM/FLOOR PLAN	Spa Vino- Diagram.pdf	01/24/2022
ORGANIZATIONAL DOCUMENTS	Spa Vino- Articles of Organization.pdf	01/24/2022
MISCELLANEOUS	Spa Vino- Application for Liquor License.pdf	01/24/2022
MISCELLANEOUS	Spa Vino- Lease Agreement.pdf	01/24/2022
MISCELLANEOUS	Spa Vino- Fingerprint Card.pdf	01/24/2022
MISCELLANEOUS	Spa Vino- Title 4 Training Certificate.pdf	01/24/2022

'22 FEB 12 11:49. LIC. PM 2 27

W





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. 805-133

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#: 181171

1. Check the Appropriate Box

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

2. Name: Hamilton Robert Clark Birth Date: [Redacted] (NOT a public record)

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

4. Place of birth: Fort Worth, Texas USA Height: 5'10 Weight: 210 Eyes: BLU Hair: Brown

5. Name of current/most recent spouse: 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: 520-222-2999 E-mail address: RCH-1@outlook.com

8. Business Name: Spa Vino, LLC Business Phone: 520, 486, 7300

9. Business Location Address: 1101 East Irene Street, Pearce, Arizona, Cochise, 85625

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

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS. Includes entries for Urgent Care MD and Emergency MD.

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
2/19	CURRENT	4720 East Burning Tree Place, Tucson, Arizona, 85718
4/14	2/19	1101 EAST IRONS ST PEARCO 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) ROBERT CLARK HAMILTON hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

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

My Commission Expires on: Sep 8, 2025 11 Day of Jan, 2022
Date Day Month Year

 KEYARRA J AKRA
Notary Public - Arizona
Pima County
Commission # 612014
My Comm. Expires Sep 8, 2025

[Signature]
Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____



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

'22 FEB 12 Liq. Lic. PM 2:27

**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 Clark Hamilton

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 Fort Worth State (or equivalent) Texas 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

22 FEB 12 11:47 AM 2-27

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status.

Name of document provided

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Non immigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

Alien Paroled into the United States for Less Than One Year (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C. § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

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

PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

SECTION IV - DECLARATION

*22 FEB 12 10:47 AM '22

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 Cyrus Hamilton
Individual Owner/Agent Printed Name

[Signature]
Individual Owner/Agent Signature

1/11/22
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.

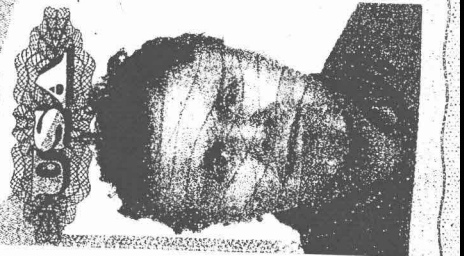


SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

UNITED STATES OF AMERICA

PASSPORT
PASSEPORT
PASAPORTE

Type / Type / Tipo: P
Country / País / País: USA
Surname / Nombre / Apellidos: HAMILTON
Given Names / Prénoms / Nombres: ROBERT CLARK
Nationality / Nacionalité / Nacionalidad: UNITED STATES OF AMERICA
Place of birth / Lieu de naissance / Lugar de nacimiento: TEXAS, U.S.A.
Sex / Sexe / Sexo: M
Authority / Autorité / Autoridad: United States Department of State
Date of issue / Date de délivrance / Fecha de expedición: 18 Jun 2017
Date of expiration / Date d'expiration / Fecha de caducidad: 12 Jun 2027
Endorsements / Mentions Spéciales / Anotaciones: SEE PAGE 51



USA

140M2706122716038077<711280

Certificate of Completion
 For
Title 4 MANAGEMENT Liquor Law Training

*22 FEB 12 Lic. Lic. RM 2 27

A Certificate of Completion and License Form provided by the Arizona Department of Liquor Licenses and Control, and 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 an ALCM certificate for 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

[Handwritten Name]
 Full Name (please print)
[Handwritten Signature]
 Signature

NOVEMBER 22, 2021
 Training Completion Date

NOVEMBER 22, 2024
 Certificate Expiration Date
 (Two years from completion date)

Training Provider Information

AZLiquorTraining.com

Company Name

536 East Wagon Bluff Drive, Tucson, AZ 85704

Mailing Address

| 520 | 235-5684

Daytime Contact Phone Number

I, KEVIN A. KRAMBER certify that the above named individual did successfully complete
(please print name)

title 4 MANAGEMENT Training in accordance with A.R.S. §4-112(C)(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]
 Instructor Signature

22 / 11 / 2021
 Day / Month / Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: owners/actively involved in the daily business operations of a licensed business
 licensed agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Retail Beer (series 5) | <input type="checkbox"/> Liquor Store (series 9) | <input type="checkbox"/> Bar (series 4) | <input type="checkbox"/> Beer & Wine (series 7) |
| <input type="checkbox"/> Concessions (series 8) | <input type="checkbox"/> In-state Farm Winery (series 11) | <input type="checkbox"/> Private Club (series 14) | <input type="checkbox"/> Hotel/Motel/restaurant (series 13) |
| <input type="checkbox"/> Restaurant (series 12) | | | <input type="checkbox"/> Beer & Wine Store (series 10) |

Persons not required to complete Title 4 training: employees of a licensed business who do not actively manage or supervise the daily business operations of a liquor-licensed business of a series listed below

The questionnaire (which designates a manager to a licensee) and the agent change form (which assigns a new agent to a liquor licensee) must be complete and dated Certificate of Completion for all employees performing licensed duties submitted to the Department of Liquor.

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

22 FEB 12 11:41 AM '21

A Certificate of Completion must be used to certify completion by the Arizona Department of Liquor Licenses and Control. Certificates are completed by the 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 the Certificate. Off-sale, on-sale, on and off sale Title 4 training is available on 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 Hambrick
 For Name (please print)
Robert Hambrick
 Signature

NOVEMBER 22, 2021
 Training Completion Date

NOVEMBER 22, 2024
 Certificate Expiration Date
 (three years from completion date)

Training Provider Information

AZLiquorTraining.com
 Company Name
536 East Wagon Bluff Drive, Tucson, AZ 85704
 Mailing Address
520 235-5684
 Display/Contact Phone Number

I, **KEVIN A. KRAMBER** certify that the above named individual did successfully complete
 Instruction Course (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. Understand that misuse of the 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(L) and (I).

Kevin A. Kramer
 Instructor Signature

22 / 11 / 2021
 Day - Mo - Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owners of all businesses in the state that have operations of a liquor license (except that of a hotel/motel/club) 2) license agents and managers actively involved in the day business operations of a liquor license (except those listed below)

- | | | | | | | |
|--------------------------------|------------------------|-------------------------|-------------------------------|----------------|------------------------------------|------------------------------|
| In-Store Memberware (series 8) | Convenience (series 8) | Liquor Store (series 9) | State Farm Winery (series 11) | Bar (series 6) | Hotel/Motel/Restaurant (series 11) | Bar & Wine Store (series 10) |
|--------------------------------|------------------------|-------------------------|-------------------------------|----------------|------------------------------------|------------------------------|

Off-sale, on-sale, on and off sale (public and licensed) are not training requirements for the above listed liquor licenses. Licenses have been submitted to the Department of Liquor.

The questionnaire (which designates a manager) and application and the agent change form remain open to new agent to active liquor licenses) are not a requirement with the initial state of completion for all licensees. Persons listed below are not eligible for the Department of Liquor.