

State of Arizona
Department of Liquor Licenses and Control

Created 04/28/2023 @ 02:06:05 PM

Local Governing Body Report

LICENSE

Number: _____ Type: 006 BAR
Name: THE TWISTED SPOKE
State: Pending
Issue Date: _____ Expiration Date: _____
Original Issue Date: _____
Location: 1794 W NEWELL STREET
NACO, AZ 85620
USA
Mailing Address: 536 E WAGON BLUFF DRIVE
TUCSON, AZ 85704
USA
Phone: (520)235-5684
Alt. Phone: _____
Email: KKRAMBER75@GMAIL.COM

AGENT

Name: KEVIN ARNOLD KRAMBER
Gender: Male
Correspondence Address: 536 E WAGON BLUFF DRIVE
TUCSON, AZ 85704
USA
Phone: (520)235-5684
Alt. Phone: _____
Email: KKRAMBER75@GMAIL.COM

OWNER

Name: THE TWISTED SPOKE BAR & GRILL LLC
Contact Name: KEVIN ARNOLD KRAMBER
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23520125 State of Incorporation: AZ
Incorporation Date: 04/25/2023
Correspondence Address: 536 E WAGON BLUFF DRIVE
TUCSON, AZ 85704
USA
Phone: (520)235-5684
Alt. Phone: _____
Email: KKRAMBER75@GMAIL.COM

Officers / Stockholders

Name:
SUNNY TEMPE INVESTMENTS LLC

Title:
MEMBER

% Interest:
100.00

**THE TWISTED SPOKE BAR & GRILL LLC -
MEMBER**

Name: SUNNY TEMPE INVESTMENTS LLC
Contact Name: KEVIN ARNOLD KRAMBER
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: L11066714 State of Incorporation: AZ
Incorporation Date: 03/31/2014
Correspondence Address: 536 E WAGON BLUFF DRIVE
TUCSON, AZ 85704
USA
Phone: (520)235-5684
Alt. Phone:
Email: KKRAMBER75@GMAIL.COM

**SUNNY TEMPE INVESTMENTS LLC - MANAGER-
LLC**

Name: JOSEPH ORME LEWIS
Gender: Male
Correspondence Address: 536 E WAGON BLUFF DRIVE
TUCSON, AZ 85704
USA
Phone: (602)740-3916
Alt. Phone:
Email: JOSEPH@THREALESTATEBROKERS.BIZ

APPLICATION INFORMATION

Application Number: 245044
Application Type: New Application
Created Date: 04/27/2023

Cray

QUESTIONS & ANSWERS

006 Bar

- 1) Are you applying for an Interim Permit (INP)?
No
- 2) Provide name, address, and distance of nearest school.
(If less than one (1) mile note footage)
NACO ELEMENTARY SCHOOL 1911 W VALENZUELA ST NACO AZ 85620
2,320 FEET
- 3) Are you one of the following? Please indicate below.
Property Tenant
Sub-tenant
Property Owner
Property Purchaser
Property Management Company
TENANT
- 4) Is there a penalty if lease is not fulfilled?
Yes
What is the penalty?
LANDLORD LOCKOUT
- 5) 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
- 6) What is the total money borrowed for the business not including the lease?
Please list each amount owed to lenders/individuals.
NONE
- 7) Are there walk-up or drive-through windows on the premises?
No
- 8) Does the establishment have a patio?
Yes
Is the patio contiguous or non-contiguous (within 30 feet)?
CONTIGUOUS
- 9) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
Yes
If yes, what is your estimated completion date?
07/01/2023

THE TWISTED SPOKE
Bar & Grill, LLC

+

SUNNY TEMPE INVESTMENTS,

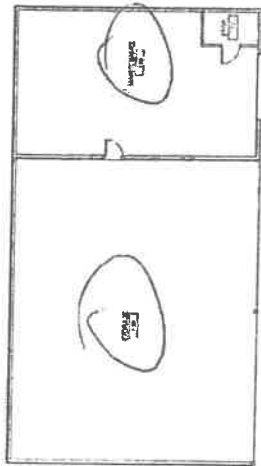
LLC

(MEM - 100%)

+

SOSNA WEWIS
(MEM - 100%)

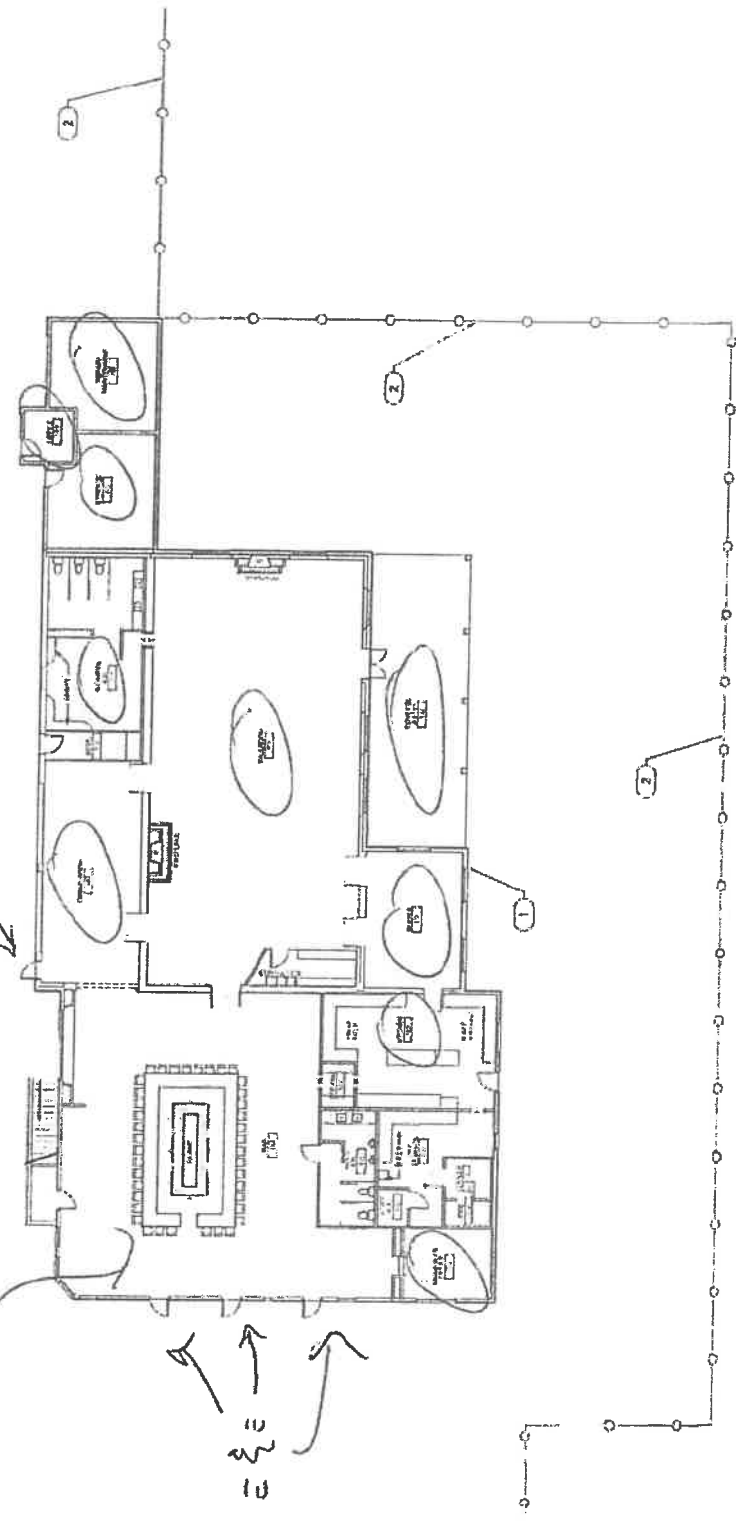
Building Interior
Floor Plan



Bar/Liq. Storage

improv. E.E.

E.E.



1 ENLARGED FLOOR PLAN-LIQUOR LICENSE
SCALE: 1/4" = 1'-0"

23 APR 26 PM 1 34 AZD.LLC

A1.01

PROJECT INFORMATION
 BISBEE VENTURES ONE, LLC
 1794 W. NEWELL ST.
 TUCSON, AZ 85720
 CLARK JOSEPH P. (P) 520.733.1111
 CLARK.JOSEPH@BISBEEVENTURES.COM

TYPE: DESIGN STUDIO
 ARCHITECTURAL SERVICES
 184 W. MONROE ST. #101
 TUCSON, AZ 85701
 PHOENIX OFFICE: 602.254.1111
 PHOENIX OFFICE: 602.254.1111
 PHOENIX OFFICE: 602.254.1111

SITE INFORMATION
 SUBDIVISION NAME:
 TRACT AND LOT NUMBER:
 ZONING DISTRICT:
 LOCAL ORDINANCE:
 LOCAL PERMITTING AGENCY:

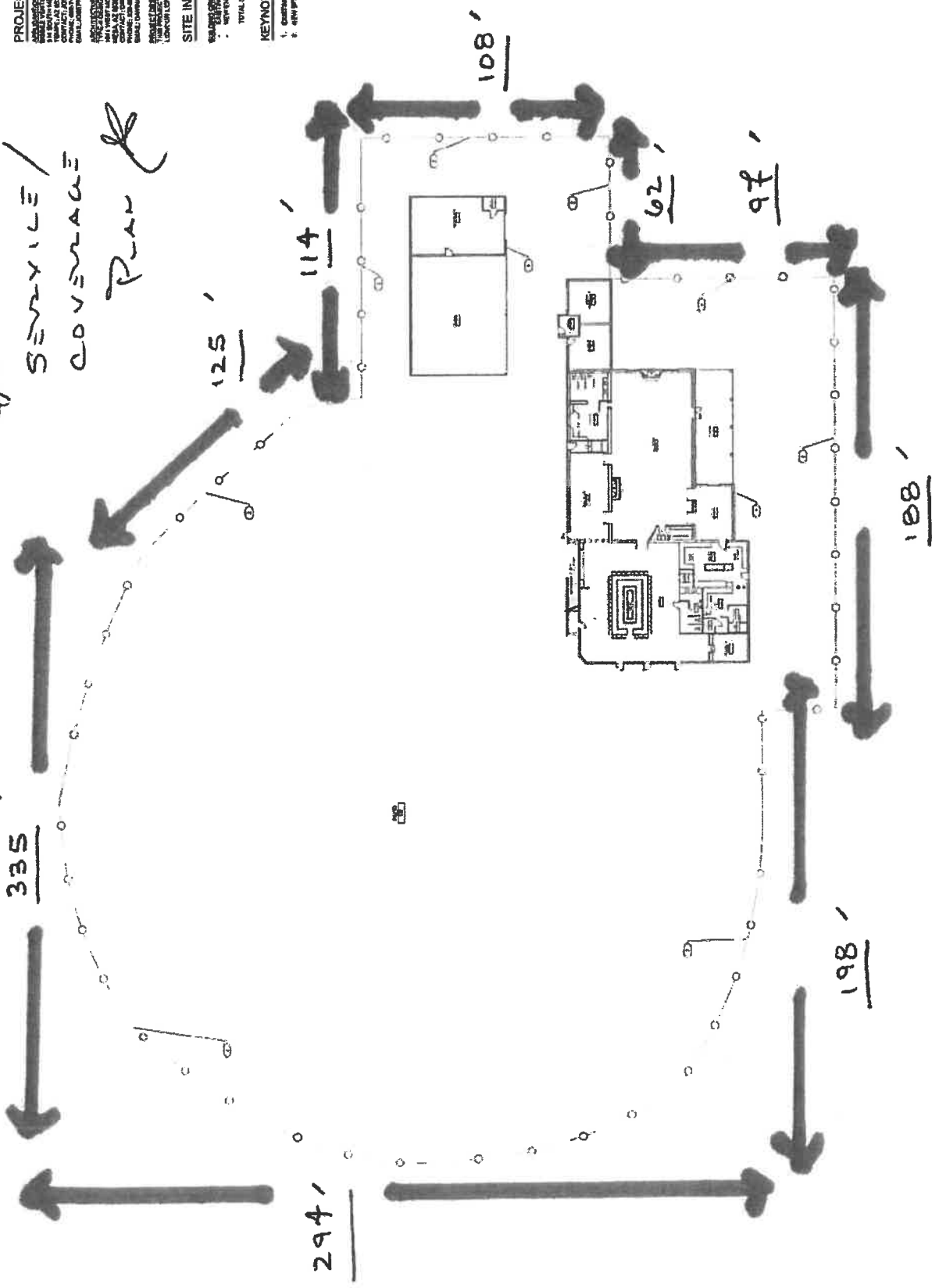
KEYNOTES
 1. OWNER BAR/STORAGE
 2. NEW 4FT HEIGHT CHAIN LINK FENCE

BISBEE VENTURES ONE, LLC
 1794 W. NEWELL ST.
 TUCSON, AZ 85720

LIQUOR LICENSE

STATE OF ARIZONA
 DEPARTMENT OF REVENUE
 LIQUOR LICENSE

Overall
Service/
Coverage
Plan



PROJECT INFORMATION
 BISHOP & ASSOCIATES, LLC
 1794 W. NEWFIELD AVE. SUITE 100
 TAMPA, FL 33606
 TEL: 813.288.1111
 FAX: 813.288.1112
 WWW.BISHOPANDASSOCIATES.COM



SITE INFORMATION
 1. EXISTING BUILDING
 2. NEW 5' TALL CHAIN LINK FENCE
 TOTAL SF = 19,807 SF

KEYNOTES
 1. EXISTING BUILDING
 2. NEW 5' TALL CHAIN LINK FENCE

BISBEE VENTURES ONE, LLC
 1794 W. NEWFIELD AVE. SUITE 100
 TAMPA, FL 33606
 TEL: 813.288.1111
 FAX: 813.288.1112
 WWW.BISBEEVENTURES.COM

LIQUOR
LICENSE

1 OVERALL FLOOR PLAN - LIQUOR LICENSE
 SCALE: 1/8" = 1'-0"

A1.00

* PATIO ENTIRELY ENCLOSED w/ 5' chain link Fencing

CSR:
Amount:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

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

DLLC USE ONLY	
Job #:	245044
Date Accepted:	
CSR:	

f P current
8-20-21

Type or Print with **Black Ink**

A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

ATTENTION APPLICANT: This is a legally binding document. 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 will be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A **BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.**

1. Check the Appropriate Box →

<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Controlling Person
---	---

2. Name: Kramber Kevin Arnold Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Drivers License #: [REDACTED] State Issued: Arizona

4. Place of birth: Buffalo MN USA Height: 6'03" Weight: 250 Eyes: Blu Hair: Bro
City State COUNTRY

5. Name of current/most recent spouse: Kramber Michele Rene Birth Date: [REDACTED]
Last First Middle (NOT a public record)

6. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? 1976

7. Daytime telephone number: 520.235.5684 Email address: kkramber75@gmail.com

8. Premises Name: THE TWISTED SPOKE Business Phone: [REDACTED]

9. Premises Address: 1799 W. HOWELL ST. NAJO AZ COCHISE 85620
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 place of residence address.

23 APR 26 PM 1:04 AZD LLC

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
01/2009	CURRENT	Real Estate Salesperson	Town West realty, Inc. 555 E. River Rd. #201, Tucson, AZ 85704
05/2009	Current	Co-Owner	AZLiquorTraining.Com, LLC, 536 E. Wagon Bluff Dr., Tucson, AZ 85704
03/2008	Current	Owner/Consultant	DBL K Liquor Consulting, LLC, 536 E. Wagon Bluff Dr., Tucson, AZ 85704

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	To Month/Year	Street	City	State	Zip
11/1995	CURRENT	536 E. Wagon Bluff Dr., Tucson, AZ 85704			

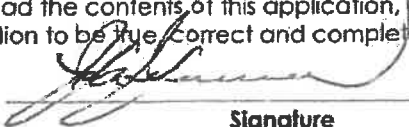
(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 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 Liquor Law Training Course within the past 3 years? Yes No *N/A*
- 14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
- 15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summons 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

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

Declaration:
 I, (Print Name) Kevin Arnold Kramber, declare under penalty of perjury that I am authorized by the licensee to submit this application. I have read the contents of this application, and to the best of my knowledge believe all statements made on this application to be true, correct and complete.



 Signature

CSR:
Amount:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

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

DLLC USE ONLY
Job #: 245044
Date Accepted:
CSR:

Type or Print with Black Ink

805-356

License Number:

ATTENTION APPLICANT: This is a legally binding document. 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 will be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Check the Appropriate Box → Agent Controlling Person

2. Name: Lewis Joseph Orme Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Drivers License #: [REDACTED] State Issued: Arizona

4. Place of birth: Phoenix AZ USA Height: 6'0" Weight: 205 Eyes: Grn Hair: Bro
City State COUNTRY

5. Name of current/most recent spouse: Lewis Melissa Forbes Birth Date: [REDACTED]
Last First Middle (NOT a public record)

6. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? 1966

7. Daytime telephone number: 602.740.3916 Email address: joseph.lewis@zonedproperties.com

8. Premises Name: The Twisted Spoke Business Phone: Pen ding

9. Premises Address: 1794 W. Newell St. Naco AZ Cochise 85620
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 place of residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS <small>(Street Address, City, State & Zip)</small>
11/2019	CURRENT	Owner/Co-Owner	Bisbees Social Club, 67 Main St., Bisbee, AZ 85603
01/2003	Current	Real Estate	Sunny Tempe Investments, 514 S. Mill Ave., Temoe, AZ 85281
06/2021	Current	Designated Broker	Zoned Properties, 8360 E. Raintree Dr. #230, Scottsdale, AZ 85260
01/1998	05/2021	Owner	Real Estate Brokers, 514 S. Mill Ave., Temoe, AZ 85281
12/2018	10/2019	Co-Owner	Turquise Valley Golf Club, 1794 W. Newell St., Naco, AZ 85620

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	To Month/Year	Street	City	State	Zip
02/2003	CURRENT	241 E. 15th St., Tempe, AZ 85281			

(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 and 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 summons 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

I, (Print Full Name) Joseph Orme Lewis hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature: Joseph Lewis Date: 04/17/2023



FINGERPRINT VERIFICATION FORM

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

DLLC USE ONLY

Job #:	245044
Date Accepted:	
CSR:	

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out all the required boxes on the fingerprint card prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
3. Fill out the information in the boxes below. **Please print clearly.**
4. Once the prints have been taken, place the fingerprint card and this form into the envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant.
Do not give the applicant the fingerprint card without first sealing it inside the envelope.
5. **Write applicants name on front of sealed envelope.**

PRINT the following information:

Date APRIL 7, 2023	Name of Applicant: JOSEPH O LEWIS	
Name of Fingerprint Technician: MICHAEL DAUGLAS		
Fingerprint technician's Signature: 		
Fingerprint technician's Agency/company Name: ARIZONA LIVESCAN #2020	Phone Number: (480) 829-3900	
Type of Photo ID Provided (check one):		
<input checked="" type="checkbox"/> Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (Please specify)

For
On Premise Basic course (3 hours)

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

Joseph Lewis

Full Name (please print)

Joseph Lewis
Signature

April 24, 2023

Training Completion Date

April 24, 2026

Certificate Expiration Date
(three years from completion date)

23 APR 26 PM 1:34 AZDLIC

Training Provider Information

AzLiquorTraining.com

Company Name

536 E. Wagon Bluff Drive, Tucson, AZ 85704

Mailing Address

(520) 235-5684

Daytime Contact Phone Number

I, KEVIN A KRAMBER (ON LINE), 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).

Kevin A Kramber
Instructor Signature

24 / 04 / 2023

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.

For
On/Off Premise Management (2 hours)

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

Joseph Lewis

Full Name (please print)

Joseph Lewis
Signature

April 24, 2023

Training Completion Date

April 24, 2026

Certificate Expiration Date
(three years from completion date)

23 APR 26 PM 1 04 AZD LLC

Training Provider Information

AzLiquorTraining.com

Company Name

536 E. Wagon Bluff Drive, Tucson, AZ 85704

Mailing Address

(520) 235-5684

Daytime Contact Phone Number

KEVIN A. KRAMER (ONLINE)

Instructor Name (please print)

I, KEVIN A. KRAMER (ONLINE), certify that the above named individual did successfully complete 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).

Kevin A. Kramer
Instructor Signature

24 / 04 / 2023
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.

