

State of Arizona
Department of Liquor Licenses and Control

Created 01/04/2024 @ 01:57:16 PM

Local Governing Body Report

LICENSE

Number:	06070037	Type:	006 BAR
Name:	PALM VALLEY GOLF CLUB		
State:	Pending		
Issue Date:		Expiration Date:	01/31/2024
Original Issue Date:	09/05/1985		
Location:	2211 N LITCHFIELD ROAD GOODYEAR, AZ 85395 USA		
Mailing Address:			
Phone:	(623)935-2500		
Alt. Phone:			
Email:			

Currently, this license has pending applications.

AGENT

Name:	RYAN WITNER ANDERSON
Gender:	Male
Correspondence Address:	5415 E HIGH STREET #200 C/O GUTTILLA MURPHY ANDERSON PHOENIX, AZ 85054 USA
Phone:	(480)304-8300
Alt. Phone:	
Email:	LICENSING@AIMHOSP.COM

OWNER

Name:	EAGLE AZ BEVERAGE LLC		
Contact Name:	RYAN WITNER ANDERSON		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	R19657000	State of Incorporation:	DE
Incorporation Date:	12/22/2014		
Correspondence Address:	5429 LBJ FREEWAY #400 C/O ADDISON LAW FIRM DALLAS, TX 75240 USA		
Phone:	(480)304-8300		
Alt. Phone:			
Email:	PSINES@GAMLAW.COM		

Officers / Stockholders

Name:	Title:	% Interest:
EAGL BEVERAGE HOLDINGS LLC	MEMBER	100.00
JEREMY PATRICK STRAUSS	06070683	
NARINDER KUMAR SAHAI	Treasurer	
CHRISTOPHER JAMES ALFRED CROCKER	Secretary	
JULIAN CLARK POTTER	Treasurer	
SCOTT VERNON SIDDONS	President	

PREMIER GOLF MANAGEMENT INC - President
PREMIER GOLF EAGL GP LLC - President
PREMIER GOLF MANAGEMENT INC - President
PREMIER GOLF EAGL LP LLC - President
EAGL BEVERAGE HOLDINGS LLC - President
EAGLE AZ BEVERAGE LLC - President

Name: SCOTT VERNON SIDDONSON
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (214)722-6021
Alt. Phone:
Email:

**EVERGREEN ALLIANCE GOLF LIMITED LP -
LimitedPartner**

Name: PREMIER GOLF EAGLE LP LLC
Contact Name: CHARLES HOWE
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 4851 LBJ FREEWAY
#600
DALLAS, TX 75244
USA
Phone: (480)390-0284
Alt. Phone:
Email: JMOORE@ADDISONLAW.COM

EAGLE AZ BEVERAGE LLC - 06070683

Name: JEREMY PATRICK STRAUSS
Gender: Male
Correspondence Address: 4851 LBJ FREEWAY
#600
DALLAS, TX 75244
USA
Phone: (480)985-5622
Alt. Phone:
Email:

PREMIER GOLF EAGL GP LLC -

Member,Stockholder

PREMIER GOLF EAGL LP LLC -

Member,Stockholder

Name: PREMIER GOLF MANAGEMENT INC
Contact Name: CHARLES HOWE
Type: CORPORATION
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 4851 LBJ FREEWAY
#600
DALLAS, TX 75244
USA
Phone: (480)390-0284
Alt. Phone:
Email: JMOORE@ADDISONLAW.COM

EAGL BEVERAGE HOLDINGS LLC -

Member,Stockholder

Name: EVERGREEN ALLIANCE GOLF LIMITED LP
Contact Name: CHARLES HOWE
Type: PARTNERSHIP
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 4851 LBJ FREEWAY
#600
DALLAS, TX 75244
USA
Phone: (480)390-0284
Alt. Phone:
Email: JMOORE@ADDISONLAW.COM

PREMIER GOLF MANAGEMENT INC - Secretary

PREMIER GOLF EAGL GP LLC - Secretary

PREMIER GOLF MANAGEMENT INC - Secretary

PREMIER GOLF EAGL LP LLC - Secretary

EAGL BEVERAGE HOLDINGS LLC - Secretary

EAGLE AZ BEVERAGE LLC - Secretary

Name: CHRISTOPHER JAMES ALFRED CROCKER
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (214)722-6032
Alt. Phone:
Email:

EAGLE AZ BEVERAGE LLC - Treasurer

Name: NARINDER KUMAR SAHAI
Gender: Male
Correspondence Address: 5415 E HIGH STREET
#200 C/O GUTTILLA MURPHY ANDERSON
PHOENIX, AZ 85054
USA
Phone: (000)000-0000
Alt. Phone:
Email:

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GeneralPartner**

Name: PREMIER GOLF EAGL GP LLC
Contact Name: CHARLES HOWE
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: State of Incorporation: AZ
Incorporation Date:
Correspondence Address: 4851 LBJ FREEWAY
#600
DALLAS, TX 75244
USA
Phone: (480)390-0289
Alt. Phone: (602)200-7222
Email: JMOORE@ADDISONLAW.COM

**PREMIER GOLF MANAGEMENT INC - Treasurer
PREMIER GOLF EAGL GP LLC - TRES
PREMIER GOLF MANAGEMENT INC - Treasurer
PREMIER GOLF EAGL LP LLC - TRES
EAGL BEVERAGE HOLDINGS LLC - Treasurer
EAGLE AZ BEVERAGE LLC - Treasurer**

Name: JULIAN CLARK POTTER
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (214)722-6007
Alt. Phone:
Email:

EAGLE AZ BEVERAGE LLC - MEMBER

Name: EAGL BEVERAGE HOLDINGS LLC
Contact Name: CHARLES HOWE
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 4851 LBJ FREEWAY
#600
DALLAS, TX 75244
USA
Phone: (480)390-0284
Alt. Phone:
Email: JMOORE@ADDISONLAW.COM

MANAGERS

Name: KEVIN MATTHEW WEBER
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)220-8370
Alt. Phone:
Email: KWEBER@ARCISGOLF.COM

Name: PATRICK THOMAS O'BRIEN
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)391-1000
Alt. Phone:
Email:

Name: BRANDON MICHAEL DOUGHERTY
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (623)561-1902
Alt. Phone:
Email: PSINES@GAMLAW.COM

Name: JOHN CAVALIERE
Gender: Male
Correspondence Address: 4851 LBJ FREEWAY
#600
DALLAS, TX 75244
USA
Phone: (480)391-1000
Alt. Phone: (760)423-3078
Email:

Name: JOSHUA SCOTT WAMSLEY
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)941-1585
Alt. Phone:
Email:

Name: TIMOTHY VICENTE RAMOS
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (623)561-1902
Alt. Phone: (480)688-7053
Email:

Name: JOSEPH DAVID SHERSHENOVICH
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (602)321-1526
Alt. Phone:
Email: ISHERSHENOVICH@ARCISGOLF.COM

Name: JASON DAVID KRONHOLM
Gender: Male
Correspondence Address: 4851 LBJ FREEWAY
#600
DALLAS, TX 75244
USA
Phone: (602)953-9111
Alt. Phone:
Email:

Name: CHRISTOPHER LEE JOHNSON
Gender: Male
Correspondence Address: 7025 E GREENWAY PARKWAY
#550
SCOTTSDALE, AZ 85254
USA
Phone: (480)330-9898
Alt. Phone:
Email: CJOHNSON@MCDOWELLMOUNTAINGC.COM

Name: JAMES CHRISTOPHER HAMILTON
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (480)502-8200
Alt. Phone: (480)215-5622
Email: JIM.HAMILTON@BUFFALOGOLFMGT.COM

Name: CHAD DAVID BAKKE
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (623)986-3665
Alt. Phone:
Email: CBAKKE@ARCISGOLF.COM

Name: SCOTT PATRICK RICHMOND
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (714)206-9587
Alt. Phone:
Email: SRICHMOND@ARROWHEADCCAZ.COM

Name: SETH MARSHALL TUCKER
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)985-5622
Alt. Phone: (602)799-7721
Email:

Name: CHRISTIAN ERIC HANNS
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
SUITE 1325
DALLAS, TX 75240
USA
Phone: (623)561-9600
Alt. Phone: (702)412-2921
Email: CHANNS@ARCISGOLF.COM

Name: TIMOTHY MARK ROOS
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)250-7595
Alt. Phone:
Email: TROOS@VERDERIVERCLUB.COM

Name: ISIDRO ISIAS MENDOZA
Gender: Male
Correspondence Address: 5415 E HIGH STREET
#200 C/O GUTTILLA MURPHY ANDERSON
PHOENIX, AZ 85054
USA
Phone: (480)678-7028
Alt. Phone:
Email: CMENDOZA@ARCISGOLF.COM

Name: CHRISTOPHER MICHAEL JONES
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (760)218-4739
Alt. Phone:
Email: CHRIS@MESACOUNTRYCLUB.COM

Name: DUSTIN PETER GRAF
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (623)561-1902
Alt. Phone:
Email: DGRAF@ARCISGOLF.COM

Name: CRAIG ALLEN JELINEK
Gender: Male
Correspondence Address: 7025 E GREENWAY PARKWAY
#550
SCOTTSDALE, AZ 85254
USA
Phone: (928)476-7142
Alt. Phone:
Email: CJELINCK@CHAPARRALPINES.ORG

- *****

Name: NICHOLAS DAVID CARLSON
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)773-2787
Alt. Phone:
Email: NCARLSON@ARCISGOLF.COM

Name: DARWIN DALE WILLIAMS
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)390-0284
Alt. Phone:
Email: DWILLIAMS@ARCISGOLF.COM

Name: JOHN ANTHONY SCAPPATURA
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (832)585-3488
Alt. Phone:
Email: JSCAPPATURA@ARCISGOLF.COM

Name: CHARLES DESMOND HOWE JR
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (623)606-5087
Alt. Phone:
Email: LICENSING@ADDISONLAW.COM

Name: SARAH VICTORIA JOHNSON
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (928)472-1480
Alt. Phone:
Email: SJOHNSON@THERIMGOLFCLUB.ORG

Name: MICHAEL KENT RUSSELL
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (520)343-0798
Alt. Phone:
Email: MRUSSELL@STONECANYONGOLF.COM

Name: KYLE ROBERT JONES
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)926-3589
Alt. Phone: (805)660-0011
Email: KJONES@ARCISGOLF.COM

Name: RONALD JOSEPH WOJCICKI
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)216-3590
Alt. Phone:
Email: RWOJCICKI@ARCISGOLF.COM

Name: MARCUS PAUL CORDOVA
Gender: Male
Correspondence Address: 29888 N TATUM RANCH DRIVE
CAVE CREEK, AZ 85331
USA
Phone: (623)200-4980
Alt. Phone:
Email: MCORDOVA@TATUMRANCHGC.COM

Name: DANIEL ENRIQUE MEDINA
Gender: Male
Correspondence Address: 14200 N HOHOKAM VILLAGE PLACE
ORO VALLEY, AZ 85737
USA
Phone: (520)250-0599
Alt. Phone: (520)219-1500
Email: DMEDINA@STONECANYONGOLF.COM

Name: ANTONE LOUIS BENCICH
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)703-0909
Alt. Phone:
Email: ABENCICH@ARCISSGOLF.COM

Name: JEFFREY EVAN ROSEN
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (241)598-7660
Alt. Phone:
Email: JROSEN@ARCISGOLF.COM

Name: JEFFREY SCOTT RUEDY
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)845-8191
Alt. Phone:
Email: JREUDY@ARCISGOLF.COM

Name: BRADLEY JOE MRAZ
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (602)330-8887
Alt. Phone:
Email: BJ.DROID.BJ@GMAIL.COM

Name: ANDREW CHARLES RAUSCHER
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (612)219-8061
Alt. Phone:
Email: ARAUSCHER@ARCISGOLF.COM

Name: STEFAN DYRELL BRYAN
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)543-7181
Alt. Phone:
Email: SBRYAN@ARCISGOLF.COM

Name: ARMANDO ANTONIO NAJERA
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (619)207-5797
Alt. Phone:
Email: ARMANDO.NAJERA@ARCISGOLF.COM

Name: MATTHEW BUSH PHILLIPS
Gender: Male
Correspondence Address: 5415 E HIGH STREET
#200 C/O GUTTILLA MURPHY ANDERSON
PHOENIX, AZ 85054
USA
Phone: (623)910-3718
Alt. Phone:
Email: MPHILLIPS@PALMVALLEYGOLF.COM

APPLICATION INFORMATION

Application Number: 272292
Application Type: Owner Transfer
Created Date: 12/13/2023

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?
No
- 8) Did the Premises phone number change?
No
- 10) Provide name, address, and distance of nearest school. (If less than one (1) mile note footage)
Clubhouse to school: Palm Valley Elementary School - 2801 N 135th Ave. Goodyear, AZ 85395
- approx 2,795 feet

- 11) Are you one of the following? Please indicate below.
- Property Tenant
 - Sub-tenant
 - Property Owner
 - Property Purchaser
 - Property Management Company
 - Property purchaser
- 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.
- zero (\$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 - However please note, this is a golf course application where the playing field is included in the licensed premise.
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
- No
- 17) Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only)
Part of the larger purchase price for the property - not set out separately.

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
QUESTIONNAIRE	Agent Anderson PQ.pdf	12/13/2023
ALIEN STATUS	Alien Status statement.pdf	12/13/2023
MISCELLANEOUS	Cover letter.pdf	12/13/2023
QUESTIONNAIRE	CP Crocker PQ.pdf	12/13/2023
QUESTIONNAIRE	CP Sahai PQ.pdf	12/13/2023
QUESTIONNAIRE	CP Siddons PQ.pdf	12/13/2023
DIAGRAM/FLOOR PLAN	Diagrams.pdf	12/13/2023
BILL OF SALE	Interim permit statement.pdf	12/13/2023
INTERIM PERMIT (INP) NOTARY PAGE	Interim permit statement.pdf	12/13/2023
QUESTIONNAIRE	Mgr Phillips PQ and TAMs.pdf	12/13/2023
	Screenshot of uploads.pdf	12/22/2023
	Narinder FP letter mailed 12-12-12023.pdf	12/22/2023

State of Arizona
Department of Liquor Licenses and Control

Created 01/04/2024 @ 01:57:29 PM

Local Governing Body Report

LICENSE

Number:	INP070026475	Type:	INP INTERIM PERMIT
Name:	PALM VALLEY GOLF CLUB		
State:	Active		
Issue Date:	01/04/2024	Expiration Date:	04/18/2024
Original Issue Date:	01/04/2024		
Location:	2211 N LITCHFIELD ROAD GOODYEAR, AZ 85395 USA		
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Contact Name:	RYAN WITNER ANDERSON		
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AZ CC File Number:	R19657000	State of Incorporation:	DE
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#1775
PHOENIX, AZ 85004
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PREMIER GOLF EAGL LP LLC -
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Name: PREMIER GOLF MANAGEMENT INC
Contact Name: CHARLES HOWE
Type: CORPORATION
AZ CC File Number: State of Incorporation:
Incorporation Date:
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#600
DALLAS, TX 75244
USA
Phone: (480)390-0284
Alt. Phone:
Email: JMOORE@ADDISONLAW.COM

**EAGL BEVERAGE HOLDINGS LLC -
Member,Stockholder**

Name: EVERGREEN ALLIANCE GOLF LIMITED LP
Contact Name: CHARLES HOWE
Type: PARTNERSHIP
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 4851 LBJ FREEWAY
#600
DALLAS, TX 75244
USA
Phone: (480)390-0284
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PHOENIX, AZ 85054
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Correspondence Address: 4851 LBJ FREEWAY
#600
DALLAS, TX 75244
USA
Phone: (480)390-0289
Alt. Phone: (602)200-7222
Email: JMOORE@ADDISONLAW.COM

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Gender: Male
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PHOENIX, AZ 85004
USA
Phone: (214)722-6007
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Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)220-8370
Alt. Phone:
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Name: PATRICK THOMAS O'BRIEN
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)391-1000
Alt. Phone:
Email:

Name: BRANDON MICHAEL DOUGHERTY
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (623)561-1902
Alt. Phone:
Email: PSINES@GAMLAW.COM

Name: JOHN CAVALIERE
Gender: Male
Correspondence Address: 4851 LBJ FREEWAY
#600
DALLAS, TX 75244
USA
Phone: (480)391-1000
Alt. Phone: (760)423-3078
Email:

Name: JOSHUA SCOTT WAMSLEY
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)941-1585
Alt. Phone:
Email:

Name: TIMOTHY VICENTE RAMOS
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (623)561-1902
Alt. Phone: (480)688-7053
Email:

Name: JOSEPH DAVID SHERSHENOVICH
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (602)321-1526
Alt. Phone:
Email: ISHERSHENOVICH@ARCISGOLF.COM

Name: JASON DAVID KRONHOLM
Gender: Male
Correspondence Address: 4851 LBJ FREEWAY
#600
DALLAS, TX 75244
USA
Phone: (602)953-9111
Alt. Phone:
Email:

Name: CHRISTOPHER LEE JOHNSON
Gender: Male
Correspondence Address: 7025 E GREENWAY PARKWAY
#550
SCOTTSDALE, AZ 85254
USA
Phone: (480)330-9898
Alt. Phone:
Email: CJOHNSON@MCDOWELLMOUNTAINGC.COM

Name: JAMES CHRISTOPHER HAMILTON
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (480)502-8200
Alt. Phone: (480)215-5622
Email: JIM.HAMILTON@BUFFALOGOLFMGT.COM

Name: CHAD DAVID BAKKE
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (623)986-3665
Alt. Phone:
Email: CBAKKE@ARCISGOLF.COM

Name: SCOTT PATRICK RICHMOND
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (714)206-9587
Alt. Phone:
Email: SRICHMOND@ARROWHEADCCAZ.COM

Name: SETH MARSHALL TUCKER
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)985-5622
Alt. Phone: (602)799-7721
Email:

Name: CHRISTIAN ERIC HANNS
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
SUITE 1325
DALLAS, TX 75240
USA
Phone: (623)561-9600
Alt. Phone: (702)412-2921
Email: CHANNS@ARCISGOLF.COM

Name: TIMOTHY MARK ROOS
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)250-7595
Alt. Phone:
Email: TROOS@VERDERIVERCLUB.COM

Name: ISIDRO ISIAS MENDOZA
Gender: Male
Correspondence Address: 5415 E HIGH STREET
#200 C/O GUTTILLA MURPHY ANDERSON
PHOENIX, AZ 85054
USA
Phone: (480)678-7028
Alt. Phone:
Email: CMENDOZA@ARCISGOLF.COM

Name: CHRISTOPHER MICHAEL JONES
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (760)218-4739
Alt. Phone:
Email: CHRIS@MESACOUNTRYCLUB.COM

Name: DUSTIN PETER GRAF
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (623)561-1902
Alt. Phone:
Email: DGRAF@ARCISGOLF.COM

Name: CRAIG ALLEN JELINEK
Gender: Male
Correspondence Address: 7025 E GREENWAY PARKWAY
#550
SCOTTSDALE, AZ 85254
USA
Phone: (928)476-7142
Alt. Phone:
Email: CJELINCK@CHAPARRALPINES.ORG

Name: NICHOLAS DAVID CARLSON
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)773-2787
Alt. Phone:
Email: NCARLSON@ARCISGOLF.COM

Name: DARWIN DALE WILLIAMS
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)390-0284
Alt. Phone:
Email: DWILLIAMS@ARCISGOLF.COM

Name: JOHN ANTHONY SCAPPATURA
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (832)585-3488
Alt. Phone:
Email: JSCAPPATURA@ARCISGOLF.COM

Name: CHARLES DESMOND HOWE JR
Gender: Male
Correspondence Address: 5400 LBJ FREEWAY
STE 1325 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (623)606-5087
Alt. Phone:
Email: LICENSING@ADDISONLAW.COM

Name: SARAH VICTORIA JOHNSON
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (928)472-1480
Alt. Phone:
Email: SJOHNSON@THERIMGOLFCLUB.ORG

Name: MICHAEL KENT RUSSELL
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (520)343-0798
Alt. Phone:
Email: MRUSSELL@STONECANYONGOLF.COM

Name: KYLE ROBERT JONES
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)926-3589
Alt. Phone: (805)660-0011
Email: KJONES@ARCISGOLF.COM

Name: RONALD JOSEPH WOJCICKI
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)216-3590
Alt. Phone:
Email: RWOJCICKI@ARCISGOLF.COM

Name: MARCUS PAUL CORDOVA
Gender: Male
Correspondence Address: 29888 N TATUM RANCH DRIVE
CAVE CREEK, AZ 85331
USA
Phone: (623)200-4980
Alt. Phone:
Email: MCORDOVA@TATUMRANCHGC.COM

Name: DANIEL ENRIQUE MEDINA
Gender: Male
Correspondence Address: 14200 N HOHOKAM VILLAGE PLACE
ORO VALLEY, AZ 85737
USA
Phone: (520)250-0599
Alt. Phone: (520)219-1500
Email: DMEDINA@STONECANYONGOLF.COM

Name: ANTONE LOUIS BENCICH
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)703-0909
Alt. Phone:
Email: ABENCICH@ARCISSGOLF.COM

Name: JEFFREY EVAN ROSEN
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (241)598-7660
Alt. Phone:
Email: JROSEN@ARCISGOLF.COM

Name: JEFFREY SCOTT RUEDY
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)845-8191
Alt. Phone:
Email: JREUDY@ARCISGOLF.COM

Name: BRADLEY JOE MRAZ
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (602)330-8887
Alt. Phone:
Email: BJ.DROID.BJ@GMAIL.COM

Name: ANDREW CHARLES RAUSCHER
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (612)219-8061
Alt. Phone:
Email: ARAUSCHER@ARCISGOLF.COM

Name: STEFAN DYRELL BRYAN
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (480)543-7181
Alt. Phone:
Email: SBRYAN@ARCISGOLF.COM

Name: ARMANDO ANTONIO NAJERA
Gender: Male
Correspondence Address: 5429 LBJ FREEWAY
#400 C/O ADDISON LAW FIRM
DALLAS, TX 75240
USA
Phone: (619)207-5797
Alt. Phone:
Email: ARMANDO.NAJERA@ARCISGOLF.COM

Name: MATTHEW BUSH PHILLIPS
Gender: Male
Correspondence Address: 5415 E HIGH STREET
#200 C/O GUTTILLA MURPHY ANDERSON
PHOENIX, AZ 85054
USA
Phone: (623)910-3718
Alt. Phone:
Email: MPHILLIPS@PALMVALLEYGOLF.COM

APPLICATION INFORMATION

Application Number: 272305
Application Type: New Application
Created Date: 12/13/2023

QUESTIONS & ANSWERS

INP Interim Permit

- 1) Enter License Number currently at location
- 2) Is the license currently in use?
- 3) Will you please submit section 5, page 6, of the license application when you reach the upload page?

ASSIGNMENT OF LIQUOR LICENSE

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, **Wedgewood Beverage Inc.**, a California corporation ("Assignor"), hereby assigns, grants, and transfers to **Eagle AZ Beverage, LLC**, a Delaware limited liability company, all right, title, and interest in and to Arizona Liquor License No. 06070037 ("the License").

Wedgewood Beverage Inc.,
a California corporation

By:
Its:

William Zarka
CEO

STATE OF CALIFORNIA)
)
County of RIVERSIDE)

SS.

SUBSCRIBED AND SWORN to before me this 21ST day of DEC, 2023, by WILLIAM ZARUKA, on behalf of Wedgewood Beverage Inc.

Marit Flowers

Notary Public





Interim Permit (INP) Notary Page

FOR DLLC USE ONLY

INP number:
Date Approved:
Expiration:
CSR:
Fee: \$100.00

SECTION 5 page 2 of the license application

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: 06070037

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

I, (Print Full Name) William Zerk hereby declare that I am the Individual, Owner, Agent, or Controlling Person on the stated license and location.

Signature: William Zerk

State of _____	Notary Seal
County of _____	
Signed before me on this _____ day of _____, 20____.	
Notary Signature _____	
My commission expires on ____ / ____ / ____	

SEE ATTACHED
CA ACKNOWLEDGMENT

ACKNOWLEDGMENT

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

State of California

County of RIVERSIDE

On DEC 21, 2023 before me, MARIT FLOWERS, NOTARY PUBLIC
(insert name and title of the officer)

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

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

WITNESS my hand and official seal.

Signature

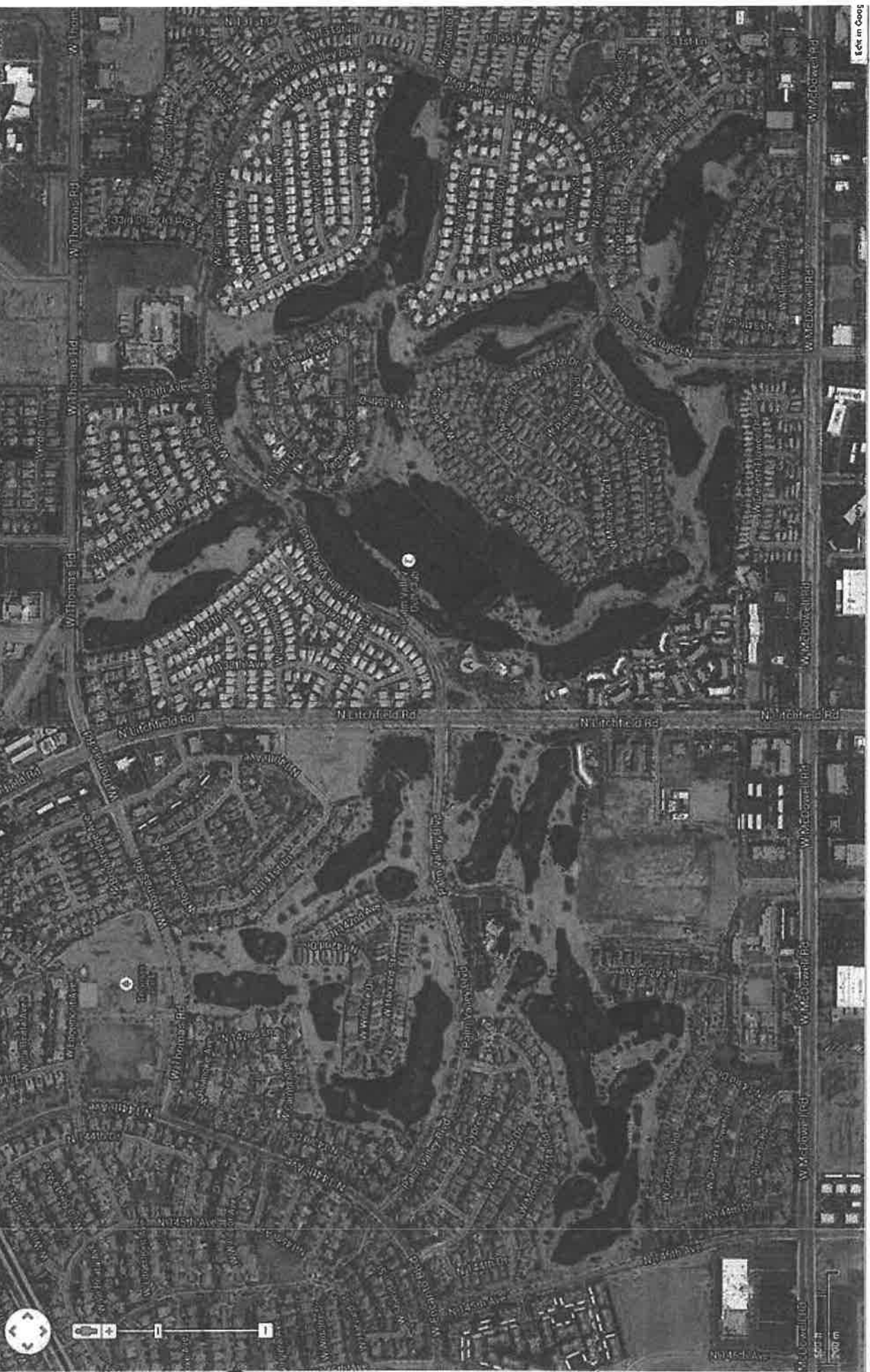
Marit Flowers

(Seal)



[illegible]

(does not include resident name)



(entire 280 acres (excluding residences, streets, parking lots) licensed for alcohol storage, display, sales, and consumption)

Palm Valley Golf Club

Entire 280 acres - greens, clubhouse and pavilion buildings, licensed for alcohol storage display, sales, and consumption

Legend

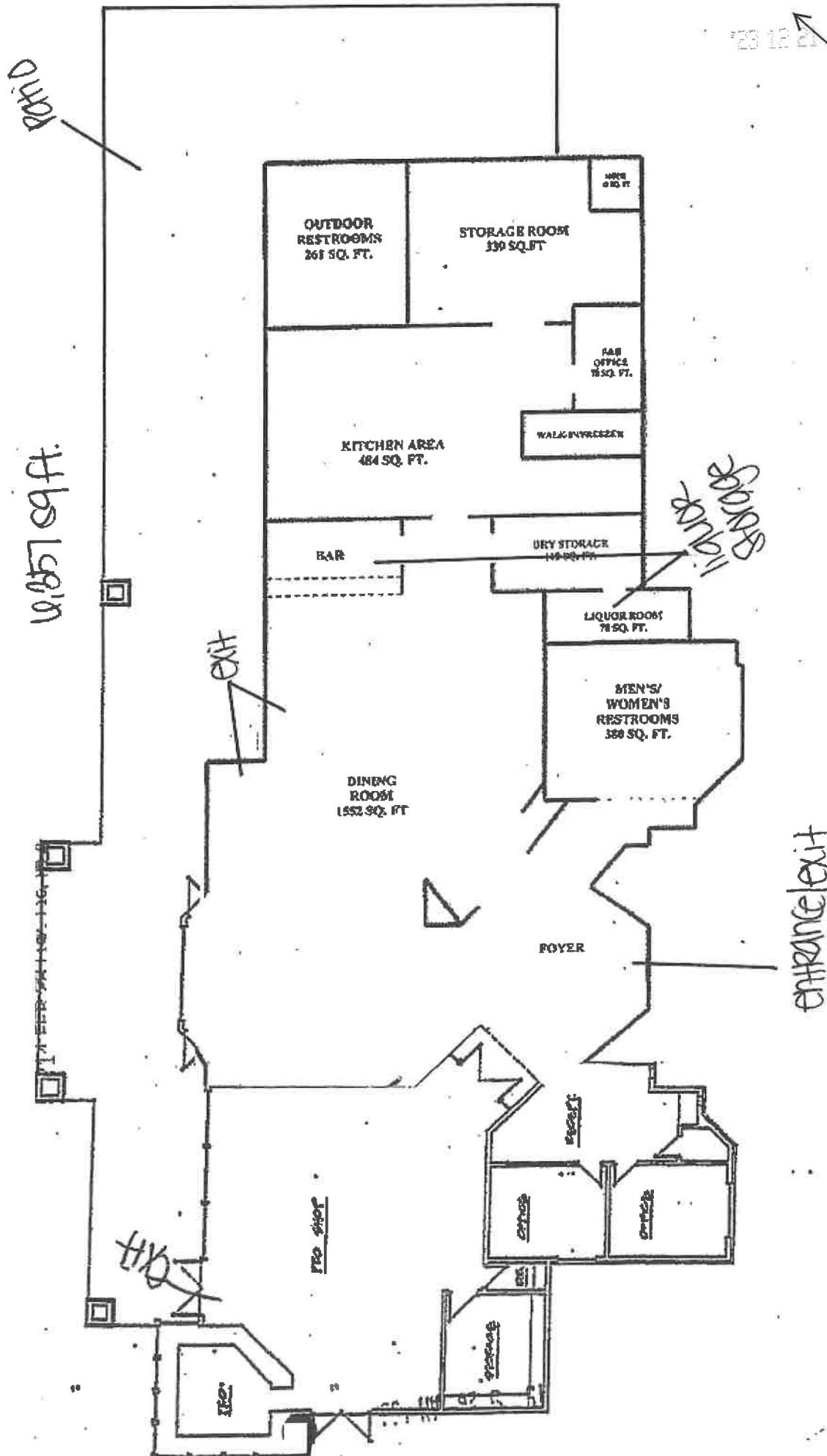
- Feature 1
- Palm Valley Golf Club



See attached diagram 1

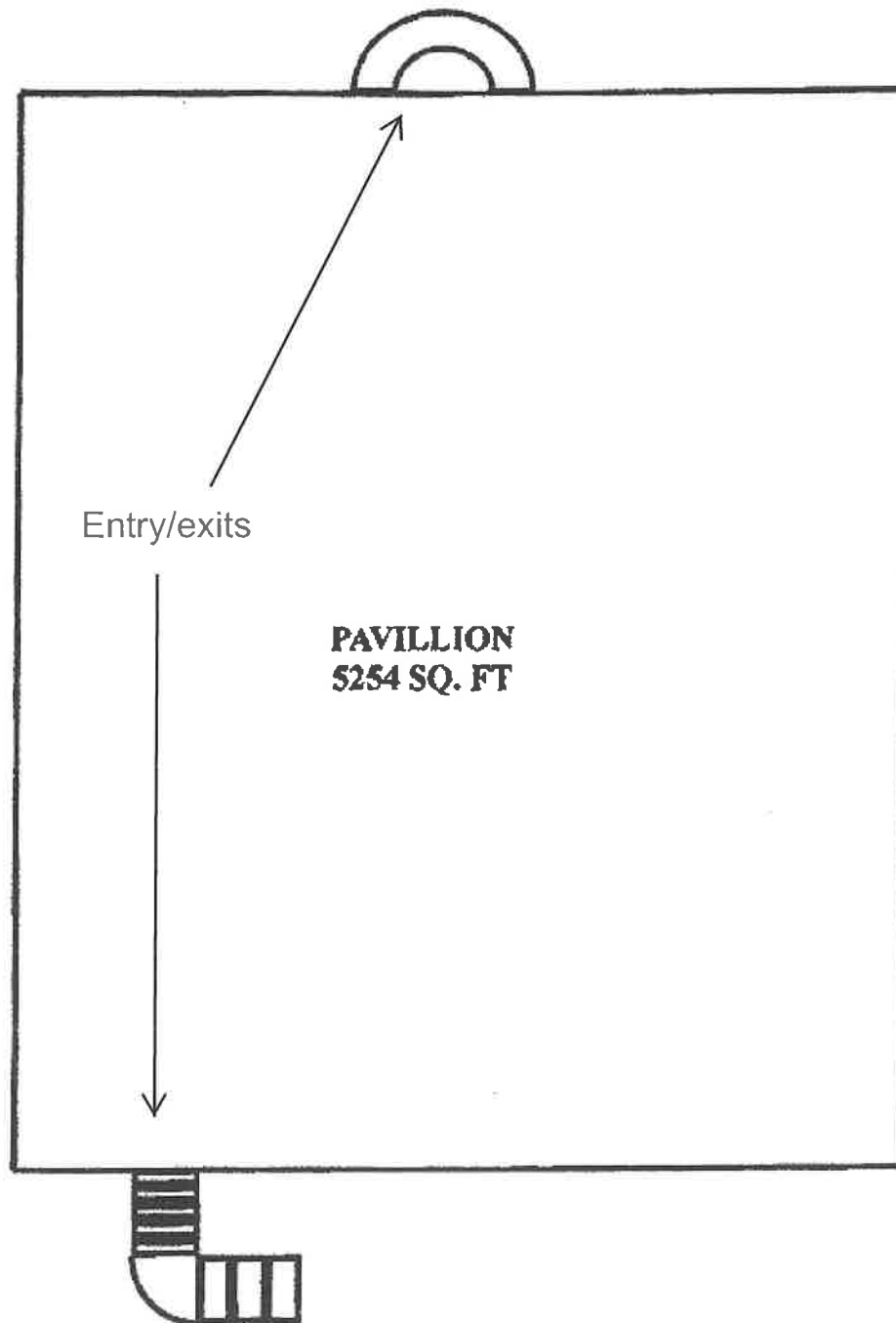
See attached diagram 2

3439-018 (521305)



Palm Valley Golf Club
Main clubhouse building
Entire 280 acres - greens and all buildings - licensed
for alcohol storage, display, sales and consumption

*23 12 21 Lic. Dept. PM 1 40



Palm Valley Golf Club
Pavilion building next to main clubhouse.
Entire 280 acres licensed for alcohol
storage, display, sales, and consumption

LC:

Amount:

123 12 21 11:41 AM 1 189



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLIC USE ONLY

Job #:	272292
Date Accepted:	12/18/23
CSR:	NA

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

Type or Print with Black Ink

License Number: 06070037

fp current

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: ANDERSON RYAN WITNER Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Pomona CA USA Height: 6'4" Weight: 230 Eyes: Blue Hair: Brown
City State COUNTRY

5. Name of current/most recent spouse: Anderson Dina Lambrou 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? 2001

7. Daytime telephone number: (480) 304-8300 Email address: psines@gamlaw.com

8. Premises Name: Palm Valley Golf Club Business Phone: 623 935 2500

9. Premises Address: 2211 N Litchfield Road Goodyear AZ Maricopa 85395
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. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
09/2021	CURRENT	Law Firm	Gutilla Murphy Anderson - 5415 E High St #200 - Phoenix, AZ 85054

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

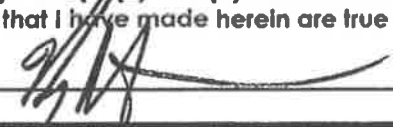
FROM Month/Year	TO Month/Year	Street	City	State	Zip
07/2011	CURRENT				

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As an Agent or Controlling Person, will you be managing the day to day operation of the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14 Yes ☐ No ☒
13. Have you attended a DLTLC approved Basic and Management Liquor Law Training Course within the past 3 years? MUST attach copies of both training certificates. 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) Ryan Witner Anderson 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: 

Date: 12/11/2023

LC:

Amount:

123 12 21 11:01 AM



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 #:	272092
Date Accepted:	10/12/13
CSR:	TA

Type or Print with Black Ink

License Number: 06070037

for current

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: Crocker Christopher James Alfred Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Tuscaloosa AL USA Height: 5'9" Weight: 175 Eyes: HZL Hair: BRN
City State COUNTRY

5. Name of current/most recent spouse: Crocker Kristin Heather 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? _____

7. Daytime telephone number: 214-722-6032 Email address: ccrocker@arcisgolf.com

8. Premises Name: Palm Valley Golf Club Business Phone: (623) 935-2500

9. Premises Address: 2211 N Litchfield Road Goodyear AZ Maricopa 85395
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: (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
02/2016	CURRENT	CMO	ARCIS Golf, 8343 Douglas Avenue, Suite 200, Dallas, Texas 75225

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

FROM Month/Year	To Month/Year	Street	City	State	Zip
01/2019	CURRENT				
03/2018	01/2019				

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As an Agent or Controlling Person, will you be managing the day to day operation of 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? **MUST** attach copies of both training certificates. 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) Christopher J. Crocker 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: Christopher J. Crocker Date: 12/11/2023

LC:
Amount:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

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

DLIC USE ONLY

Job #:	272292
Date Accepted:	12/10/23
CSR:	TA

Type or Print with Black Ink

License Number: 06070037

85.480

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.

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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: Sahai Narinder (nmn) Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Jalanddhar Punjab India Height: 5'3" Weight: 160 Eyes: Black Hair: Black
City State COUNTRY

5. Name of current/most recent spouse: Sahai Neetu (nmn) 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? _____

7. Daytime telephone number: 214-722-6045 Email address: nsahai@arcisgolf.com

8. Premises Name: Palm Valley Golf Club Business Phone: (623) 935-2500

9. Premises Address: 2211 N Litchfield Road Goodyear AZ Maricopa 85395
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. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
06/2023	CURRENT	CFO	ARCIS Golf, 8343 Douglas Ave., Suite 200, Dallas, TX 75225
01/2022	06/2023	CFO & Special Advisor	RumbleOn, Inc., 901 Walnut Hill Ln, Irving, TX 75038
07/2020	01/2022	Head of Finance	Amazon Web Services, 410 Terry Ave. N, Seattle, WA 98109
02/2020	07/2020	Advisor/Consultant/Self Employed	70 N. Bacopa Dr., The Woodlands, TX 77381
01/2019	02/2020	SVP, Treasurer	Target Hospitality Corp., 9320 Lakeside Blvd., The Woodlands, TX 77381

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

FROM Month/Year	To Month/Year	Street	City	State	Zip
07/2022	CURRENT				
08/2020	07/2022				
09/2011	08/2020				

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As an Agent or Controlling Person, will you be managing the day to day operation of 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? MUST attach copies of both training certificates. 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

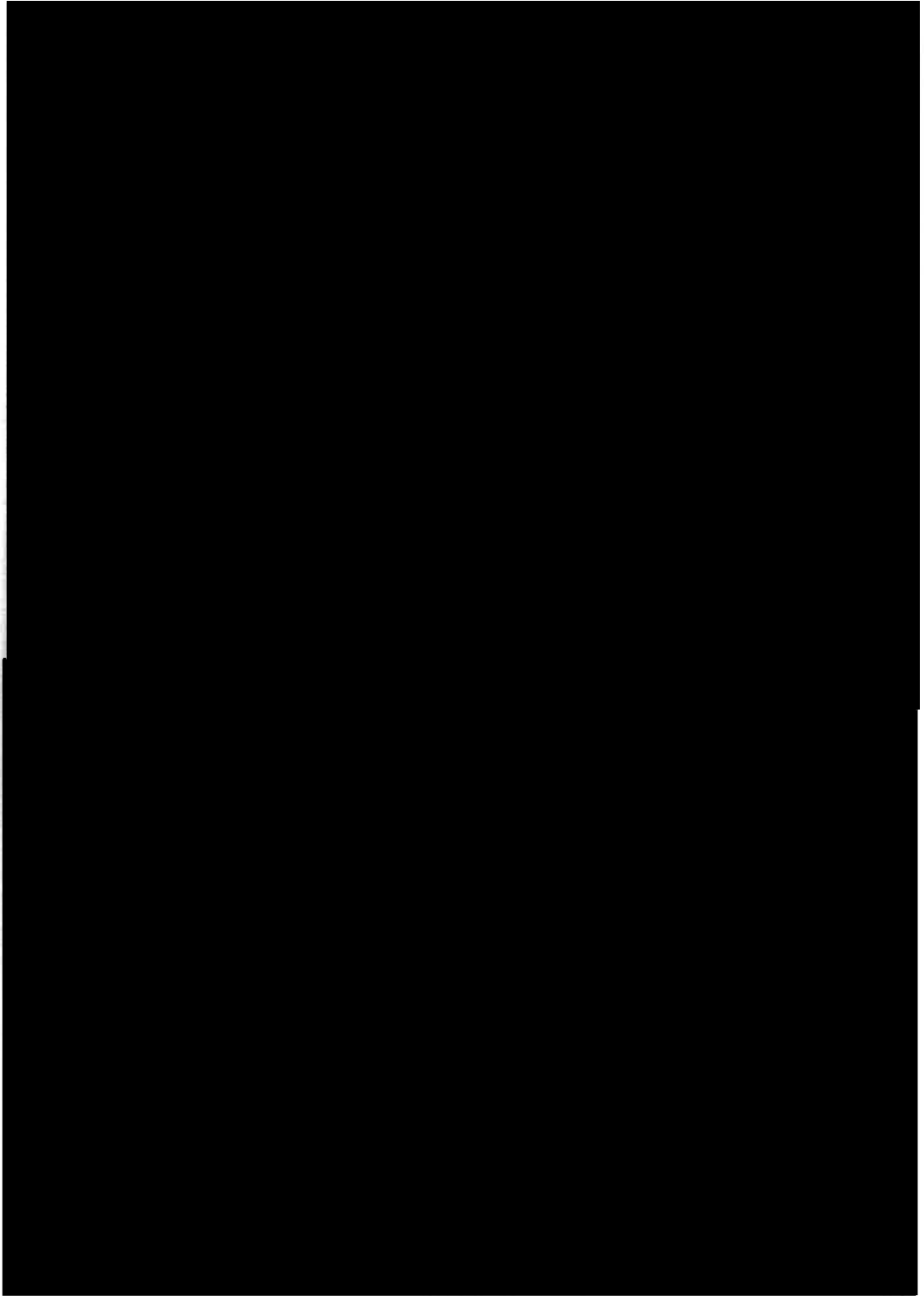
I, (Print Full Name) **Narinder Sahai** hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature:  Date: 12/4/2023

Employment Continued

Narinder Sahai

**04/2009 to 01/2019 Finance Director TechnipFMC pic 13460 Lockwood Rd,
Houston, Texas 77044**



Wesley

23 DEC 18 PM 2:02 AZDLLC



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 #:	272292
Date Accepted:	10/21/23
CSR:	TA

Fee Collected under
Individual (AP)

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 10/31/2023	Name of Applicant: Narinder Kumar Sahai
Name of Fingerprint Technician: Neal H. Stout	
Fingerprint technician's Signature: Neal H. Stout	Neal H. Stout Budget Fingerprinting 1226 N. Belt Line Rd. Irving, Tx 75061
Fingerprint technician's Agency/company Name: Budget Fingerprinting	Phone Number: 214-529-8157
Type of Photo ID Provided (check one): ☒ Driver's License ☐ Passport ☐ Other (Please specify)	

LC:

Amount:

23 12 21 11:40 AM



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 #:	272008
Date Accepted:	12/21/23
CSR:	TA

Type or Print with Black Ink

License Number: 06070037

fx current

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: Siddons Scott Vernon Birth Date: [REDACTED]
Last First Middle (NOT a public record)
3. Social Security #: [REDACTED] Drivers License #: [REDACTED] State Issued: TX
4. Place of birth: Sacramento, CA USA Height: 6' 1" Weight: 220 Eyes: Blue Hair: Blonde
City State COUNTRY
5. Name of current/most recent spouse: Siddons Juliet Baughner 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? _____
7. Daytime telephone number: 214-772-6021 Email address: ssiddons@arcisgolf.com
8. Premises Name: Palm Valley Golf Club Business Phone: (623) 935-2500
9. Premises Address: 2211 N Litchfield Road Goodyear AZ Maricopa 85395
Street (do not use PO Box) City State County Zip

12/21/2023 12:21 PM

10. List your employment or type of business during the past five (5) years, if unemployed, retired, or student, list place of residence address. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
2014	CURRENT	General Counsel	ARCIS Golf, 8343 Douglas Ave, Suite 200, Dallas, TX 75225

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

FROM Month/Year	TO Month/Year	Street	City	State	Zip
02/2001	CURRENT				

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As an Agent or Controlling Person, will you be managing the day to day operation of 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? MUST attach copies of both training certificates. 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) Scott V. Siddons 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: Scott V. Siddons Date: 12/11/2023



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 #:	072292
Date Accepted:	12-18-23
CSR:	AP

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.

PRINT the following information:

Date: 10/23/23	Name of Applicant: Matthew Bush Phillips
Name of Fingerprint Technician: Belen Salas	
Fingerprint technician's Signature: 	
Fingerprint technician's Agency/company Name: Arizona Livescan Fingerprinting Network	Phone Number: 602-246-3444
Type of Photo ID Provided (check one):	
☒ Driver's License ☐ Passport ☐ Other (Please specify)	

LC:

Amount:



PREMISES MANAGER QUESTIONNAIRE

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

DLLC USE ONLY

Job #	272292
Date Accepted:	10/01/23
CSR:	TA

Type or Print with Black Ink

License Number: 06070037

815. 480

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. Name: Phillips Matthew Bush Birth Date: [REDACTED]
Last First Middle (NOT a public record)

2. Social Security #: [REDACTED] Driver's License #: [REDACTED] State Issued: AZ

3. Place of birth: Jackson WY USA Height: 5'8" Weight: 215 Eyes: Hazel Hair: Brown
City State COUNTRY

4. Name of current/most recent spouse: Phillips Rosemary Kathleen Birth Date: [REDACTED]
Last First Middle (NOT a public record)

5. Are you a bonafide resident of Arizona? Yes ☒ No ☐ If yes, what is your date of residency? 2011

6. Daytime telephone number: 623-910-3718 Email address: mphillips@palmvalleygolf.com

7. Premises Name: Palm Valley Golf Club Business Phone: 623 935 2500

8. Premises Address: 2211 N. Litchfield Road Goodyear, AZ Maricopa 85255
Street (do not use PO Box) City State County Zip

123 12 21 11:41 AM 2014

9. List your employment or type of business during the past five (5) years, if unemployed, retired, or student, list place of residence address. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
08/21	CURRENT	GM - Golf Course	Arcis Golf - Palm Valley Golf Club 2211 N Litchfield Rd, Goodyear, AZ 85395
01/11	08/21	GM - Golf Course	OB Sports - Palm Valley Golf Club 2211 N Litchfield Rd, Goodyear, AZ 85395

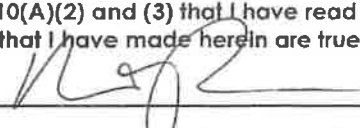
10. Provide your residence address information for the last five (5) years A.R.S. §4-202(D) (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	To Month/Year	Street	City	State	Zip
01/11	CURRENT				

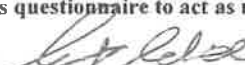
11. Have you attended a DLLC approved Basic Liquor Law Training Course within the past 3 years? Yes ☒ No ☐
12. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes ☐ No ☒
13. 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 ☒
14. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☒
15. 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 ☒
16. 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 12 through 16 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 12-16 MAY NOT BE ACCEPTED

I, (Print Full Name) **Matthew Bush Phillips** 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:  Date: 10-31-23

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

Print Name: **Scott Siddons** Signature:  Date: 10-30-23

Certificate of Completion For Title 4 BASIC Liquor Law Training

☐ On-sale
☐ Off-sale
☒ 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 placed in the course equipment. The State requires BASIC Title 4 training only as a condition for new or renewed liquor licenses or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed on the Arizona Department of Liquor website. Some persons sometimes require BASIC Title 4 Training a condition of employment. A replacement Certificate of Completion for title 4 training must be obtained through the training provider for two years after the training completion date.

Student Information
Name: Matthew Phillips
Signature: [Signature]
Training Completion Date: 10/18/2023
Expiration Date: 10/17/2026
Training Provider Information
Company Name: ABC - Arizona Business Council for Alcohol Education
Mailing Address: 8155 North 24th Avenue, Suite A, Phoenix, Arizona 85021
Daytime Contact Phone Number: (602) 285-1396

I, Jesus Altamirano, 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. 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).

[Signature]
Instructor Signature

18 / 10 / 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)
Conveyance (series 8) Liquor Store (series 9)
Restaurant (series 12) 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.

**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 training provider. 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 state approved BASIC Title 4 training 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
Matthew Phillips

Last Name (Please print)

Signature

10/21/2023

10/20/2026

Training Completion Date

Certificate Expiration Date
(Three years from completion date)

Training Provider Information
ABC - Arizona Business Council for Alcohol Education

Company Name

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

Mailing Address

(602) 285-1396

Daytime Contact Phone Number

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

Jesus Altamirano
Instructor Signature

21 / 10 / 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.