



# Pima County Clerk of the Board

Julie Castañeda

Melissa Manriquez  
Deputy Clerk

Administration Division  
130 W. Congress, 5<sup>th</sup> Floor  
Tucson, AZ 85701  
Phone: (520) 724-8449 • Fax: (520) 222-0448

Management of Information & Records Division  
1640 East Benson Highway  
Tucson, Arizona 85714  
Phone: (520) 351-8454 • Fax: (520) 791-6666

August 21, 2018

John Samuel Rahe IV  
Water Hole  
16540 W. Avra Valley Road  
Marana, AZ 85653

RE: Application for Agent Change/Acquisition of Control/Restructure  
Arizona Liquor License No.: 06100127  
Water Hole

Dear Mr. Rahe IV:

Notice is hereby given that the Pima County Board of Supervisors will hold a hearing in reference to the above application. Please be advised that the hearing has been scheduled for Tuesday, September 4, 2018, at 9:00 a.m. or thereafter, to be held at the following location:

Pima County Administration Building  
Board of Supervisors Hearing Room  
130 West Congress, 1st Floor  
Tucson, Arizona 85701

If you have any questions pertaining to this hearing, please contact this office at (520)724-8449.

Sincerely,

A handwritten signature in black ink, appearing to read "Julie Castañeda".

Julie Castañeda  
Clerk of the Board



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TO: Pima County Sheriff's Department  
Investigative Support Unit

FROM: Alina Bárcenas *ARB*  
Administrative Support Specialist Senior

DATE: August 10, 2018

RE: Sheriff's Report - Application for Agent Change/Acquisition of Control/  
Restructure

Attached is the application of:

John Samuel Rahe IV  
d.b.a. Water Hole  
16540 W. Avra Valley Road  
Marana, AZ 85653

Arizona Liquor License No. 06100127

SHERIFF'S REPORT

DATE: 08/17/18

Is there any reason this application should not be recommended for approval?

NOTHING NOTED

*[Signature]*  
Investigative Support Unit Supervisor

When completed, please return to [cob\\_mail@pima.gov](mailto:cob_mail@pima.gov).

*SENT  
08/17/18*

AUG 20 18 PM 09:09 PCC/KCF/ED  
*ARB*



18-03-0121

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

18 AUG 8 Lic. Lic. PM1214

**DLLC USE ONLY**

Date Processed:	8/8/18
CSR:	gr
60th Day:	10/1/18

Agent: 28105  
 AOC: 28106

**APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE**

NOTE: 1) The fee for an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H) NOTE 2) the \$100.00 fee for restructure/acquisition of control MUST be submitted with this application. (A.R.S. 4-209.A)

**SECTION 1**

Check the appropriate boxes

<input checked="" type="checkbox"/> Agent Change Complete Sections 1,2,3,4,5 & 7	<input checked="" type="checkbox"/> Acquisition of Control Complete Sections 1,2,3 & 7	<input type="checkbox"/> Restructure Complete Sections 1,2,3,6 & 7
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**SECTION 2 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)**

1. Name: RAHE IV JOHN SAMUEL 0610012f  
(EXISTING AGENT OR NEW AGENT) Last First Middle Liquor License #

2. Owner Name: J & S INVESTMENTS, INC. Corp File #: 07798399  
(Exactly as it appears on Liquor License) (if applicable)

3. Business Name: WATER HOLE Email: SAMMY.RAHE@GMAIL.COM  
(Exactly as it appears on Liquor License)

4. Business Location Address: 16540 W. AVAZA VALLEY RD. MARANA PIMA 85653  
(Do not use P.O. Box Number) City COUNTY Zip

5. Is the Business located within the incorporated limits of the above City or Town?  Yes  No

6. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation?  Yes  No If Yes, what City, Town or Tribal Reservation is this Business located in: PIMA COUNTY

7. Mailing Address: 16540 W. AVAZA VALLEY RD. MARANA AZ 85653  
City State Zip

8. Business Phone: (520) 682-5667 Daytime Contact Phone (520) 730-5542

9. Does this transaction involve the sale of any portion of the percentage of ownership or corporate stock?  Yes  No If yes, submit a certified copy of minutes.

10. Has there been any change of Controlling Persons?  Yes  No If yes, submit a copy of the minutes, amended articles of organization and/or amended operating agreement showing change

**SECTION 3 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)**

Each new person listed in section III must submit a questionnaire (form LIC0101) and a Department approved fingerprint card which may be obtained at the Department of Liquor. A Controlling Person already disclosed to the Department is not required to submit a questionnaire.

1. List all Controlling Persons to be disclosed, current and new.

New	Last	First	Middle	Title	Address	City	State	Zip
<input checked="" type="checkbox"/>	RAHE IV	JOHN	SAMUEL	Prop/1521 Trans/Dia	13201 N. SAN JUAN RD.	MARANA	AZ	85653
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders, percentage owners and/or Controlling Members owning 10% or more

New	Last	First	Middle	% Owned	Address	City	State	Zip
<input checked="" type="checkbox"/>	RAHE IV	JOHN	SAMUEL	100	13201 N. SAN JUAN RD.	MARANA	AZ	85653
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

If the ownership is owned by another entity, ATTACH AN OWNERSHIP FLOWCHART SHOWING THE OFFICERS, MEMBERS, CONTROLLING PERSON AND 10% OR MORE OWNERS FOR THE ENTITIES. Attach additional sheets as necessary in order to disclose all persons.

SECTION 4

(COMPLETE THIS SECTION FOR AGENT CHANGE)

1. As an Agent, will you be physically present and operating the licensed premise?  Yes  No
If you answered YES, you must provide a copy of your Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider BEFORE YOUR APPLICATION FOR AGENT ACQUISITION OF CONTROL OR RESTRUCTURE CAN BE SUBMITTED. If you answered NO, go to question 2.

2. Is there a current Manager at this license premises disclosed to the Department with the current Basic and Management Training Certificate?  Yes  No
If yes, Name of current Manager: \_\_\_\_\_

Basic Training  Yes  No Management Training  Yes  No

If "NO" for 1 and 2, a Manager with a current Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider must be submitted within 30 days after filing the application for Agent Change, Acquisition of Control or Restructure.

SECTION 5

(COMPLETE THIS SECTION FOR AGENT CHANGE)

To be completed by the INDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:

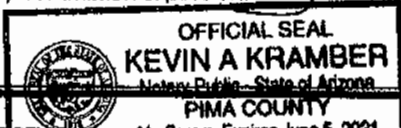
1. License # 06100127
2. Current Agent Name: RAHE III JOHN S.
(Exactly as it appears on license) Last First Middle

I, (Print full name) JOHN S. RAHE III, hereby consent to the appointment of Agent for this license. I agree to immediately assign a new Agent in the event that I am unable to discharge the duties of Agent for this license. I have not been convicted of a felony in the last five (5) years.

X [Signature] (Controlling Person/Existing Agent)

State of ARIZONA County of PIMA
The foregoing instrument was acknowledged before me this 31st Day of June, 2018
[Signature] Signature of NOTARY PUBLIC

My commission expires on: JUNE 5, 2021



SECTION 6

(COMPLETE THIS SECTION FOR RESTRUCTURE)

Is there more than one licensed premises involved?  YES  NO
If YES, SEPARATE APPLICATIONS must be filed and fees paid for each license/location.

- Type of current ownership:
[ ] J.T.W.R.O.S.
[ ] INDIVIDUAL
[ ] PARTNERSHIP
[ ] CORPORATION
[ ] LIMITED LIABILITY CO.
[ ] MANAGEMENT CO.
[ ] TRIBE
[ ] TRUST
[ ] OTHER (Explain)

- Type of new ownership:
[ ] J.T.W.R.O.S.
[ ] INDIVIDUAL
[ ] PARTNERSHIP
[ ] CORPORATION
[ ] LIMITED LIABILITY CO.
[ ] MANAGEMENT CO.
[ ] TRIBE
[ ] TRUST
[ ] OTHER (Explain)

SECTION 7 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by Controlling Person or existing Agent (if no agent changes) OR NEW Agent if applying for Agent change as listed in Section 2 Question 1.

I, (Print full name) JOHN SAMUEL RAHE IV, hereby declare that I am the APPLICANT filing this application. I have read the application and the contents and all statements are true, correct and complete.

X [Signature] (Controlling Person/Existing Agent)

State of ARIZONA County of PIMA
The foregoing instrument was acknowledged before me this 31st Day of June, 2018
[Signature] Signature of NOTARY PUBLIC

My commission expires on: JUNE 5, 2021

