

Pima County Clerk of the Board

Robin Brigode

Mary Jo Furphy
Deputy Clerk

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

Document and Micrographics Mgt. Division
1640 East Benson Highway
Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 791-6666

June 25, 2015

Kevin Arnold Kramber
Canoa Hills Golf Course
536 E. Wagon Bluff Drive
Tucson, AZ 85704

RE: Arizona Liquor License No.: 06100137
d.b.a. Canoa Hills Golf Course

Dear Mr. Kramber:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 6, Bar, which was received in our office on May 21, 2015. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, July 7, 2015, at 9:00 a.m. or thereafter, at the following location:

Pima County Administration Building
Board of Supervisors Hearing Room
130 W. Congress, 1st Floor
Tucson, AZ 85701

For your information, enclosed is a copy of the Sheriff's Report. Any questions pertaining to the enclosed report should be directed to the Pima County Sheriff's Department at (520) 351-6999. If you have any questions pertaining to the above referenced hearing, please contact this office at (520) 724-8449.

Sincerely,

A handwritten signature in cursive script that reads "Robin Brigode".

Robin Brigode
Clerk of the Board

Enclosure

c: Pima County Sheriff Investigative Support Unit

ARIZONA DEPARTMENT OF LIQUOR LICENSES AND CONTROL

800 W Washington 5th Floor
 Phoenix AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

AFFIDAVIT OF POSTING

Date of Posting: 5/29/15Date of Posting Removal: 6/22/15Applicant Name: **Canoa Hills Golf Course**Applicant Name: **Kramber**
LastApplicant Name: **Kevin**
FirstApplicant Name: **Arnold**
MiddleBusiness Address: **1401 W. Camino Urbano**
StreetBusiness Address: **Green Valley, AZ 85614**
City ZipLicense #: **06100137**

I hereby certify that pursuant to A.R.S. § 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

FRANK R. HECHT 1775 PURSUANT TO PERMITS 5203104234
 Print Name of City/County Official Title Telephone #

Signature

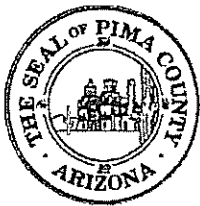
Date Signed

Return this affidavit with your recommendation (i.e., Minutes of Meeting, Verbatim, etc.) or any other related documents.

If you have any questions please call (602) 542-5141 and ask for the Licensing Division.

Individuals requiring special accommodations please call (602) 542-9027

JUN 22 15 PM 02:42 PC CLK OF BD



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Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 791-6666

TO: Development Services, Zoning Division
FROM: Bernadette Russell *BR*
Administrative Support Specialist
DATE: May 28, 2015
RE: Zoning Report - Application for Liquor License

Attached is the application of:

Kevin Arnold Kramber
d.b.a. Canoa Hills Golf Course
1401 W. Camino Urbano
Green Valley, AZ 85614

Arizona Liquor License No. 06100137
Series 6, Bar
New License
Person Transfer X
Location Transfer

ZONING REPORT

DATE: 5/28/15

Will current zoning regulations permit the issuance of the license at this location?

Yes ☒

No ☐

If No, please explain:

[Signature]
Pima County Zoning Inspector

When complete, please return to cob_mail@pima.gov

MAY 28 15 PM 04:22 PUC/KCF/BD

AKB

15-13-9225

15 MAY 27 1997 Lic. AM1126

Arizona Department of Liquor Licenses and Control
 800 West Washington, 5th Floor
 Phoenix, Arizona 85007
 www.azliquor.gov
 602-542-5141

APPLICATION FOR LIQUOR LICENSE
 TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 6 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- ☐ MORE THAN ONE LICENSE
☐ INTERIM PERMIT *Complete Section 5*
☐ NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
☐ PERSON TRANSFER (Bars & Liquor Stores ONLY)
Complete Sections 2, 3, 4, 11, 13, 15, 16
☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)
Complete Sections 2, 3, 4, 12, 13, 15, 16
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)
☐ GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. *Complete Section 6*
☐ INDIVIDUAL *Complete Section 6*
☐ PARTNERSHIP *Complete Section 6*
☐ CORPORATION *Complete Section 7*
☐ LIMITED LIABILITY CO. *Complete Section 7*
☐ CLUB *Complete Section 8*
☐ GOVERNMENT *Complete Section 10*
☐ TRUST *Complete Section 6*
☐ OTHER (Explain) _____

SECTION 3 Type of license and fees. LICENSE #(s):

00100137

1. Type of License(s): _____

2. Total fees attached: \$ _____

Department Use Only

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

1. Owner/Agent's Name: ☐ Mr. KRAMBER KEVIN ARNOLD
 (Insert one name ONLY to appear on license) Last First Middle
☐ Ms. _____
 2. Corp./Partnership/L.L.C.: _____
 (Exactly as it appears on Articles of Inc. or Articles of Org.)
 3. Business Name: _____
 (Exactly as it appears on the exterior of premises)
 4. Principal Street Location 1401 W CAMINO URBANO
 (Do not use PO Box Number) City County Zip
 5. Business Phone: _____ Daytime Phone: _____ Email: _____
 6. Is the business located within the incorporated limits of the above city or town? ☐ YES ☐ NO
 7. Mailing Address: _____
 City State Zip
 8. Price paid for license only bar, beer and wine, or liquor store: Type \$ _____ Type \$ _____

DEPARTMENT USE ONLY

Fees:

Application

Interim Permit

Site Inspection

Finger Prints

\$

TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☐ YES ☐ NO

Accepted by: _____

Date: _____

Lic. #

00100137

AMENDMENT

Cawwa Hills Golf Course

MAY 27 15PM 0411 PCL/KCF/BD/BK

15-13-9225

Arizona Department of Liquor Licenses and Control
800 West Washington, 5th Floor
Phoenix, Arizona 85007
www.azliquor.gov
602-542-5141

15 MAY 15 11:47 AM '15

APPLICATION FOR LIQUOR LICENSE
TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

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- ☐ MORE THAN ONE LICENSE
☒ INTERIM PERMIT *Complete Section 5*
☐ NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
☒ PERSON TRANSFER (Bars & Liquor Stores ONLY)
Complete Sections 2, 3, 4, 11, 13, 15, 16
☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)
Complete Sections 2, 3, 4, 12, 13, 15, 16
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)
☐ GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. *Complete Section 6*
☐ INDIVIDUAL *Complete Section 6*
☐ PARTNERSHIP *Complete Section 6*
☐ CORPORATION *Complete Section 7*
☒ LIMITED LIABILITY CO. *Complete Section 7*
☐ CLUB *Complete Section 8*
☐ GOVERNMENT *Complete Section 10*
☐ TRUST *Complete Section 6*
☐ OTHER (Explain) _____

SECTION 3 Type of license and fees

LICENSE #(s): 06100137

1. Type of License(s): #6 - Bar
N/A

2. Total fees attached: \$

Department Use Only

2000

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

1. Owner/Agent's Name:

(Insert one name ONLY to appear on license)

Mr. KRAMBER

Last

KEVIN

First

LEONARD

Middle

2. Corp./Partnership/L.L.C.: BORDERLAND GOLF MANAGEMENT, LLC

(Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: CANOA HILLS GOLF COURSE

(Exactly as it appears on the exterior of premises)

4. Principal Street Location: 1401 W. CAMEO BLVD

(Do not use PO Box Number)

City

GREEN VALLEY

County

PIMA

Zip

85614

5. Business Phone: (520) 882-8313 Daytime Phone: (520) 235-5684 Email: KEVIN@AZBARNER.COM

6. Is the business located within the incorporated limits of the above city or town? ☒ YES ☐ NO

7. Mailing Address: 536 E. WAGON BLUFF DR. TUCSON AZ 85704

City

State

Zip

8. Price paid for license only bar, beer and wine, or liquor store: Type #6 \$ 25,000 - Type N/A \$ N/A

DEPARTMENT USE ONLY

Fees:

Application 1000

Interim Permit 1000

Site Inspection /

Finger Prints /

\$

2000

TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits completed? ☒ YES ☐ NO

Accepted by: AC

Date: 5/15/2015

Lic. #

06100137

SECTION 5 Interim Permit:

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. 00100137
4. Is the license currently in use? ☐ YES ☒ NO If no, how long has it been out of use? 10/01/2014

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, _____, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,
(Print full name)
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

State of _____ County of _____

X _____
(Signature)

The foregoing instrument was acknowledged before me this

My commission expires on: _____

____ day of _____, _____
Day Month Year

SEE ATTACHED

(Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Individual:

| Last | First | Middle | % Owned | Mailing Address | City | State | Zip |
|------|-------|--------|---------|-----------------|------|-------|-----|
| | | | | | | | |

Partnership Name: (Only the first partner listed will appear on license) _____

| General-Limited | Last | First | Middle | % Owned | Mailing Address | City | State | Zip |
|--------------------------|--------------------------|-------|--------|---------|-----------------|------|-------|-----|
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |

) Y R A S S E C E N F I T

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☐ NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

| Last | First | Middle | Mailing Address | City, State, Zip | Telephone# |
|------|-------|--------|-----------------|------------------|------------|
| | | | | | |
| | | | | | |

SECTION 5 Interim Permit:

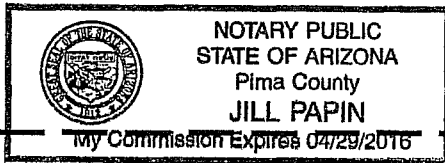
1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. 06100137
4. Is the license currently in use? ☐ YES ☒ NO If no, how long has it been out of use? 10/01/2014

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, Timothy Paul Bishop, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,
(Print full name)
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

X [Signature]
(Signature)

My commission expires on: 4/29/2016



State of AZ County of Pima

The foregoing instrument was acknowledged before me this

11 day of May, 2015
Day Month Year

[Signature]
(Signature of NOTARY PUBLIC)

~~SECTION 6 Individual or Partnership Owners:~~

~~EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.~~

~~1. Individual:~~

| Last | First | Middle | % Owned | Mailing Address | City State Zip |
|------|-------|--------|---------|-----------------|----------------|
| | | | | | |

~~Partnership Name: (Only the first partner listed will appear on license)~~

| General-Limited | Last | First | Middle | % Owned | Mailing Address | City State Zip |
|---|------|-------|--------|---------|-----------------|----------------|
| <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | | | | | | |

~~Y R A S S E C E N F I T~~

- ~~2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☐ NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.~~

| Last | First | Middle | Mailing Address | City, State, Zip | Telephone# |
|------|-------|--------|-----------------|------------------|------------|
| | | | | | |
| | | | | | |

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

License 06100137

Issue Date: 11/14/2003

Expiration Date: 9/30/2015

Issued To:

TIMOTHY PAUL BISHOP, Agent
CANOA HILLS GOLF COURSE LLC, Owner

Bar

Mailing Address:

TIMOTHY PAUL BISHOP
CANOA HILLS GOLF COURSE LLC
CANOA HILLS GOLF COURSE
1401 W CALLE URBANO
GREEN VALLEY, AZ 85614

Location:

CANOA HILLS GOLF COURSE
1401 W CALLE URBANO
GREEN VALLEY, AZ 85614



EXP 9/30/2015

POST THIS LICENSE IN A CONSPICUOUS PLACE

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

☐ CORPORATION Complete questions 1, 2, 3, 5, 6, 7, and 8.

☒ L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.

1. Name of Corporation/L.L.C.: BORDERLAND GOLF MANAGEMENT, LLC
(Exactly as it appears on Articles of Incorporation or Articles of Organization)

2. Date Incorporated/Organized: 12/05/2014 State where Incorporated/Organized: ARIZONA

3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____

4. AZ L.L.C. File No.: L-1969241-0 Date authorized to do business in AZ: 12/11/2014

5. Is Corp./L.L.C. Non-profit? ☐ YES ☒ NO

6. List all directors, officers and members in Corporation/L.L.C.:

| Last | First | Middle | Title | Mailing Address | City State Zip |
|----------------|----------------|--------|--------|---|----------------|
| PRETHERMAN JR. | CHARLES | JOHN | MEMBER | 400 E. 38 TH ST. S. TULSON, AZ | 85713 |
| BORDERLAND | INVESTMENTS I, | | MEM. | 400 E. 38 TH ST. S. TULSON, AZ | 85713 |
| | LLC | | | | |
| | | | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

| Last | First | Middle | % Owned | Mailing Address | City State Zip |
|------------|----------------|--------|---------|---|----------------|
| BORDERLAND | INVESTMENTS I, | | 100% | 400 E. 38 TH ST. S. TULSON, AZ | 85713 |
| | LLC | | | | |
| | | | | | |
| | | | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)

2. Is club non-profit? ☐ YES ☐ NO

3. List officer and directors:

| Last | First | Middle | Title | Mailing Address | City State Zip |
|------|-------|--------|-------|-----------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:

1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: _____
Last First Middle
3. License Type: _____ License Number: _____ Date of Last Renewal: _____
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

SECTION 10 Government: (for cities, towns, or counties only)

1. Governmental Entity: _____
2. Person/designee: _____
Last First Middle Contact Phone Number

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

SECTION 11 Person to Person Transfer:

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: BISHOP Timothy PAUL Entity: AGENT
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: _____
(Exactly as it appears on license)
3. Current Business Name: _____
(Exactly as it appears on license)
4. Physical Street Location of Business: Street SEE
City, State, Zip ATTACH
5. License Type: _____ License Number: _____
6. If more than one license to be transferred: License Type: _____ License Number: _____
7. Current Mailing Address: _____
(Other than business) Street _____
City, State, Zip _____
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☐ YES ☐ NO
9. Does the applicant intend to operate the business while this application is pending? ☐ YES ☐ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.
10. I, _____, hereby authorize the department to process this application to transfer the
(print full name)
privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.
I, _____, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER
(print full name)
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

(Signature of CURRENT LICENSEE)

State of _____ County of _____
The foregoing instrument was acknowledged before me this

Day

Month

Year

My commission expires on: _____

(Signature of NOTARY PUBLIC)

BORDERLAND GOLF MANAGEMENT,
LLC

CT PRETTYMAN, JR.
(MEM - 0%)

BORDERLAND INVESTMENTS I,
LLC
(MEM - 100%)

MORRIS E.
NORTH
(MEM - 99.38%)

MORRIS A.
NORTH
(MEM - .31%)

STEPHEN
SUPERFUND
(MEM - .31%)

~~SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:~~

1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: _____
Last First Middle
3. License Type: _____ License Number: _____ Date of Last Renewal: _____
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

SECTION 10 Government: (for cities, towns, or counties only)

1. Governmental Entity: _____
2. Person/designee: _____
Last First Middle Contact Phone Number

~~A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED~~

SECTION 11 Person to Person Transfer:

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: Bishop Timothy Paul Entity: Agent
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: Canoa Hills Golf Course LLC
(Exactly as it appears on license)
3. Current Business Name: Canoa Hills Golf Course
(Exactly as it appears on license)
4. Physical Street Location of Business: Street 1401 W. Calle Urbano
City, State, Zip Green Valley, AZ 85614
5. License Type: #6-BAR License Number: 06100137
6. If more than one license to be transferred: License Type: N/A License Number: N/A
7. Current Mailing Address: Street 536 E. WAGON BLUFF DR.
(Other than business) City, State, Zip TUCSON, AZ 85704
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☒ YES ☐ NO
9. Does the applicant intend to operate the business while this application is pending? ☒ YES ☐ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.
10. I, Timothy Paul Bishop, hereby authorize the department to process this application to transfer the

(print full name)

privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

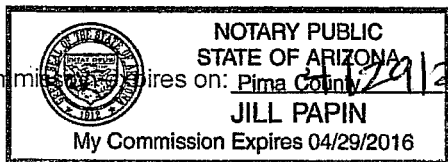
I, Timothy Paul Bishop, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER

(print full name)

STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

(Signature of CURRENT LICENSEE)

State of AZ County of Pima
The foregoing instrument was acknowledged before me this
11 Day May 2015 Year
(Signature of NOTARY PUBLIC)



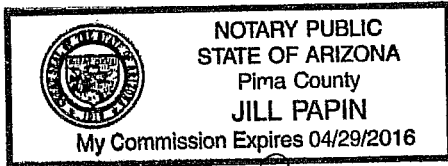
My commission expires on: 04/29/2016

BILL OF SALE

FOR VALUABLE CONSIDERATION, the receipt and sufficiency of which is hereby acknowledged, CANOA HILLS GOLF COURSE LLC ("Seller"), hereby sells, assigns and transfers to BORDERLAND GOLF MANAGEMENT, L.L.C., an Arizona limited liability company ("Buyer"), any and all rights, title and interest in Arizona Series 06 Liquor License 06100137 ("Asset").

Seller hereby covenants with Buyer that Seller is the lawful owner of such Asset and has good right to sell it. Seller agrees to take such further steps or actions as Buyer may request in the future in order to fully transfer such Asset to Buyer including, but not limited to, executing necessary agreements and other instruments.

IN WITNESS WHEREOF, the Seller has executed this Bill of Sale this 11th day of May, 2015.



SELLER



Timothy Bishop
In his capacity as
Licensee/Agent of Canoa Hills Golf
Course LLC

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: Name _____
(Exactly as it appears on license) Address _____
2. New Business: Name _____
(Physical Street Location) Address _____
3. License Type: _____ License Number: _____
4. If more than one license to be transferred: License Type: _____ License Number: _____
5. What date do you plan to move? _____ What date do you plan to open? _____
-

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church; within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02) c) Government license (§ 4-205.03)
b) Hotel/motel license (§ 4-205.01) d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: 5.9 mi Name of school CONTINENTAL School
Address 1991 E. WHITE HOUSE CANYON RD. GREEN VALLEY, AZ
City, State, Zip 85614
2. Distance to nearest church: 3,694 ft. Name of church VALLEY PRESBYTERIAN
Address 2800 S. CAMINO DEL SOL GREEN VALLEY, AZ
City, State, Zip 85614
3. I am the: ☐ Lessee ☐ Sublessee ☐ Owner ☐ Purchaser (of premises) ☒ OTHER - RELIGIOUSHIP (SEE ATTACHED)
4. If the premises is leased give lessors: Name N/A
Address N/A
City, State, Zip _____
- 4a. Monthly rental/lease rate \$ N/A What is the remaining length of the lease N/A yrs. N/A mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ N/A or other N/A
(give details - attach additional sheet if necessary)
5. What is the total **business** indebtedness for this license/location excluding the lease? \$ 0
Please list lenders you owe money to.

| Last | First | Middle | Amount Owed | Mailing Address | City State | Zip |
|------|-------|--------|-------------|-----------------|------------|-----|
| N/A | | | N/A | N/A | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? GOLF COURSE w/ RESTAURANT

SECTION 13 - continued

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
☐ YES ☒ NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO
9. Is the premises currently licensed with a liquor license? ☒ YES ☐ NO If yes, give license number and licensee's name:
License # 06100137 (exactly as it appears on license) Name Timothy Paul Bishop
-

SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☐ NO
If yes, give the name of licensee, Agent or a company name:

Last First Middle and license #: _____

2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☐ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

applicants initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

1. Check ALL boxes that apply to your business:

☒ Entrances/Exits ☒ Liquor storage areas Patio: ☒ Contiguous
☐ Service windows ☐ Drive-in windows ☐ Non Contiguous

2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☐ YES ☒ NO
If yes, what is your estimated opening date? N/A

month/day/year

3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

[Signature]
applicants initials

SECTION 15 Diagram of Premises

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

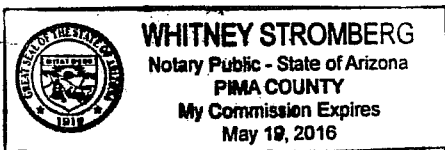
If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

SEE
Attached
Diagram

SECTION 16 Signature Block

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

X [Signature]
(signature of applicant listed in Section 4, Question 1)



My commission expires on: 19-5-16
Day Month Year

State of Arizona County of Pima

The foregoing instrument was acknowledged before me this

14 of May, 2015
Day Month Year

[Signature]
signature of NOTARY PUBLIC

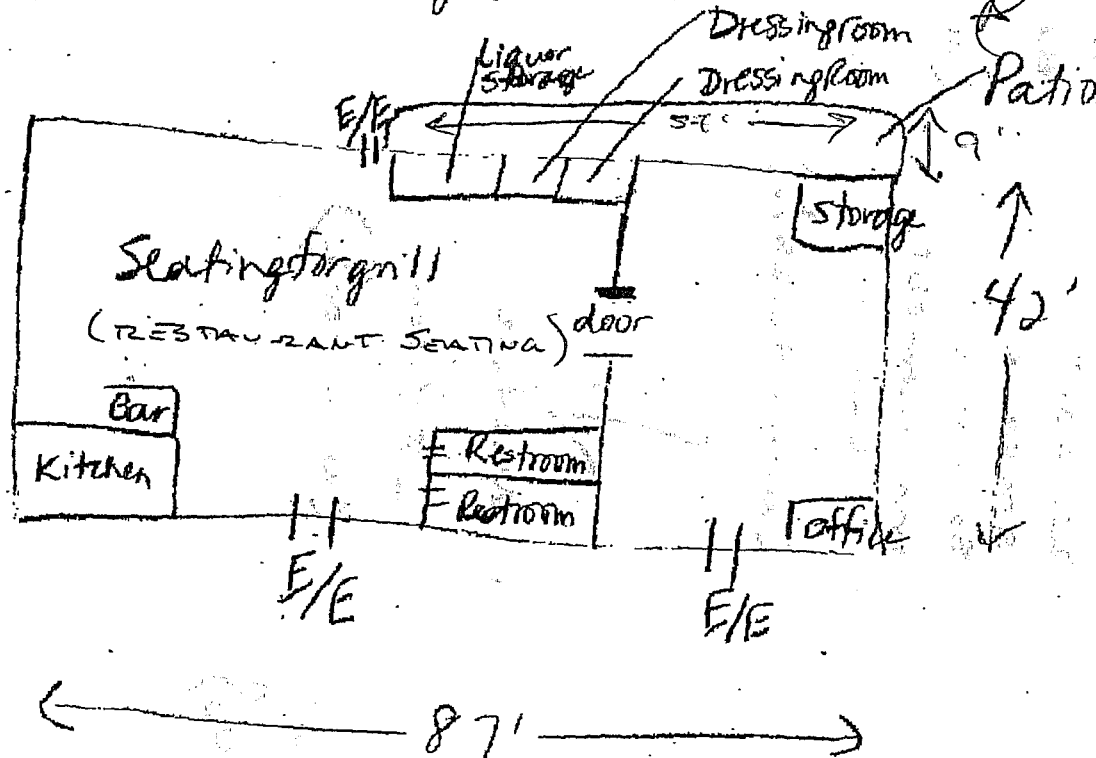


GOLF
COURSE
140 Acres

SECT. 15 CONT.

"CANOA MILLS GOLF COURSE"

The entire golf course is licensed



ENCLOSED
BY 3' TO 3 1/2"
METAL POSTS &
STUCCO
COLUMNS