

# 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

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

February 15, 2017

Andrea Dahlman Lewkowitz  
Miraval Raindance Pass  
2600 N. Central Ave. No. 1775  
Phoenix, AZ 85004

RE: Application for Agent Change/Acquisition of Control/Restructure  
Arizona Liquor License No.: 10103726  
Miraval Raindance Pass

Dear Ms. Lewkowitz:

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, March 7, 2017, 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 "Castañeda", is written over a horizontal line.

Julie Castañeda  
Clerk of the Board



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TO: Pima County Sheriff's Department  
Investigative Support Unit

FROM: Ricci Romero *RR*  
Administrative Support Specialist Senior

DATE: January 19, 2017

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

Attached is the application of:

Andrea Dahlman Lewkowitz  
d.b.a. Miraval Raindance Pass  
5000 E. Via Estancia Miraval  
Tucson, AZ 85739

Arizona Liquor License No. 10103726

SHERIFF'S REPORT

DATE: 02/14/17

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

NOTHING NOTED

*[Signature]* #12210  
Investigative Support Unit Supervisor

When completed, please return to cob\_mail@pima.gov.

02/14/2017 POC: JCF  
ARJ



17-02-0082  
JAN 17 11:41 AM '17

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

**DLIC USE ONLY**

Date Processed:	1-17-17
CSR:	SG
60th Day:	3/18/17

**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

☐ Agent Change  
Complete Sections 1,2,3,4,5 & 7

☒ Acquisition of Control  
Complete Sections 1,2, 3 & 7

☐ Restructure  
Complete Sections 1,2,3,6 & 7

**SECTION 2**

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

- Name: LEWKOWITZ ANDREA DAHLMAN P1056227  
(EXISTING AGENT OR NEW AGENT) Last First Middle Liquor License #
- Owner Name: MIRAVAL RESORT ARIZONA OPERATING CO., INC 81052579  
(Exactly as it appears on Liquor License) Corp File #: F19297878  
(If applicable)
- Business Name: MIRAVAL RAINDANCE PASS 81046154  
(Exactly as it appears on Liquor License) Email: andrea@lewklaw.com
- Business Location Address: 5000 E VIA ESTANCIA MIRAVAL TUCSON PIMA 85739  
(Do not use P.O. Box Number) City COUNTY Zip
- Is the Business located within the incorporated limits of the above City or Town? ☐ Yes ☒ No
- 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
- Mailing Address: 2600 N CENTRAL AVE. #1775 PHOENIX AZ 85004  
City State Zip
- Business Phone: (520) 825-4000 Daytime Contact Phone (602) 200-7222
- 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.
- 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 type="checkbox"/>	SEE ATTACHED							
<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 type="checkbox"/>	SEE ATTACHED							
<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: RAY LEEANN N/A  
Last First Middle

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 # \_\_\_\_\_

2. Current Agent Name: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle

I, (Print full name) \_\_\_\_\_, 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 \_\_\_\_\_  
(Controlling Person/Existing Agent)

State of \_\_\_\_\_ County of \_\_\_\_\_  
 The foregoing instrument was acknowledged before me this

My commission expires on: \_\_\_\_\_

Day \_\_\_\_\_ of \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Signature of NOTARY PUBLIC

**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) \_\_\_\_\_

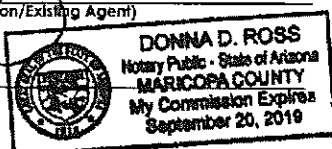
**SECTION 7****(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)**

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) ANDREA DAHLMAN LEWKOWITZ, 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)

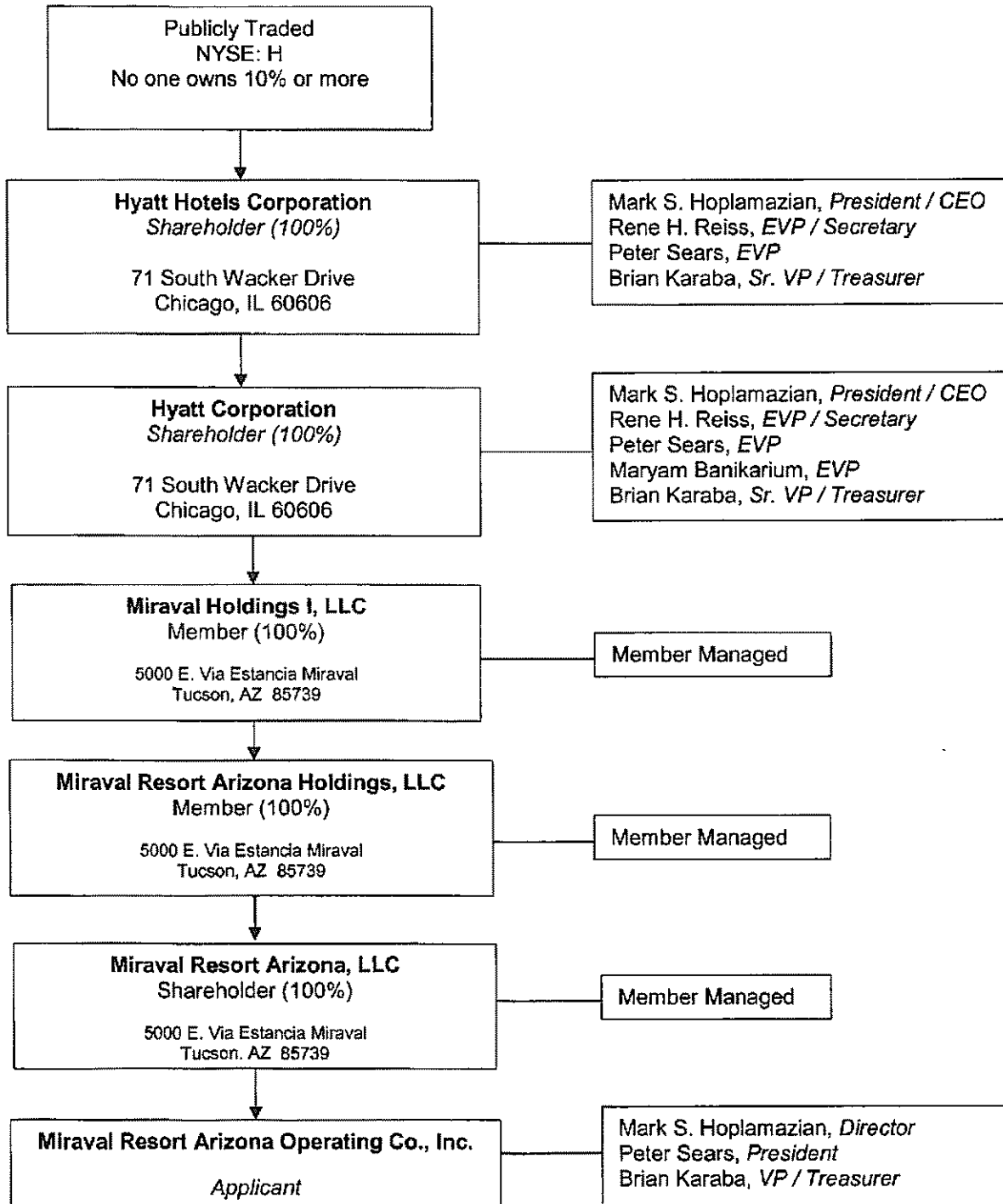
My commission expires on: \_\_\_\_\_



State of ARIZONA County of MARICOPA  
 The foregoing instrument was acknowledged before me this

17 of January, 2017  
 Day Month Year

[Signature]  
 Signature of NOTARY PUBLIC



17 JAN 27 14P. L.C. M3 59

AMENDMENT #10103726  
AGENT: ANDREA LEWKOWITZ

AMENDMENT