

Pima County Clerk of the Board

Julie Castañeda

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

March 17, 2017

Thomas Adams Miller Elkhorn Ranch 27000 W. Elkhorn Ranch Rd. Tucson, AZ 85736

RE:

Application for Agent Change/Acquisition of Control/Restructure

Arizona Liquor License No.: 07100174

Elkhorn Ranch

Dear Mr. Miller:

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, April 4, 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,

Julie Castañeda Clerk of the Board



Pima County Clerk of the Board

Julie Castañeda

Melissa Manriquez 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

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TO:	Pima County Sheriff's Department Investigative Support Unit	
FROM:	Ricci Romero XXX Administrative Support Specialist Senior	
DATE:	March 10, 2017	
RE:	Sheriff's Report - Application for Agent Change/Acquisit Restructure	ion of Control/
Attached	d is the application of:	
d.b.a. Elk 27000 W. Tucson, A	Adams Miller Ikhorn Ranch V. Elkhorn Ranch Road AZ 85736 Liquor License No. <u>07100174</u>	
SHERIFI	F'S REPORT DATE:03	16/17
	any reason this application should not be recommended for	•
	HING NOTED	
	P. H. Mars	#1220
	Investigative Support Unit	Supervisor

When completed, please return to cob mail@pima.gov.





17-04-0084

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

DLLC USE ONLY
Date-Processed:
CSR: AP
"19 ay 1,2017

APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

	ATTICATION TOR AGENT CI	Andr Acquising				
IOTE: 1) The fee for an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for each idditional 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)						
Check the appropriate poxes	Agent Change Complete Sections 1,2,3,4,5 & 7	Acquisition Complete Secti		Restruc Complete Section		
ECTION 2	(COMPLETE THIS SECTION FOR AG	ENT CHANGE, ACQUIS	MON OF CONTROL	OR RESTRUCTURE)		
1. Name: P	1042917 Miller Isting Agent or New Agent) Last	Thomas	Adams	071001	7 4	
2. Owner Na	(Exactly as it app	ears on Liquor (Icense)			cble)	
3. Business N	/ D 17 14	11 11		office eelkho		
4. Business Lo	cation Address: 27000 W E	EIKhurn Rand 2.O. Box Number)	h nd Tucs	ON AZ PINA	Zlp -3	
5. Is the Busin	ess located within the incorporated lim	its of the above City or	Town (Yes / No	·	茅	
6. Does the Bu	usiness location address have a street ad	dress for a City or Town	but is actually in the b	ooundaries of another C	City, Town or CO	
Tribal Reser	vation?res \(\frac{1}{2}\) No If Yes, what City, To					
7. Mailing Ad	dress: 27000 W EIKh	orn Ranch	Rd Tucso	N AZ State	יי שכונה	
8. Business Ph	none: 520 822 1040	Daytime Conta	city oct Phone 520	827 1040	Zip jr	
9. Does this to	ransaction involve the sale of any portion	on of the percentage o	of ownership or corpo	orate stock? Yes	Nolfyes, ♀	
submit a c	ertitled copy of minutes. ALREAD	Y SUBMITTED				
10. Has there to organization	peen any change of Controlling Person on and/or amended operating agreem	s? Yes Wo if yes, s ent showing change	ubmit a copy of the	minutes, amended ari	licles of	
obtained at ti	(COMPLETE THIS SECTION FOR AGI ton listed in section III must submit a quest the Department of Liquor. A Controlling Pe controlling Persons to be disclosed, curre	ionnaire (form LICO101) rson already disclosed t	and a Denariment an	proved finderprint card	which may be questionnaire.	
New Last	First Mid	die Title	Address	City State	Zip	
Wille		ms Dividor	27000 W EIKL	iorn Rouch Rd	TUCSON AZ	
M. M.	Oi C		11		85736	
MIN WILL	er Charles Go	vin "				
	IAT	ACH ADDITIONAL SHEET(S) II	NECESSARY)		The second secon	
2. List stock	holders, percentage owners and/or Co		•		6 (
New Last	First Ald	die % Owned	Address	City State	<u>21</u> p	
	usites under charts Grand in	Nay T. 61.03	27000 W EIKh		2002 AS	
Min Win	er Trust, dated January 12,19		^		35736	
M'II	er linda C	- 18.61	3211 Salus Rd		5 4719	
Mill		10.39	<u> </u>	hom Rand No T.	UCSON AZ 3	
(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. Affach additional sheets as necessary in order to disclose all persons.						
	TAND AN IMANE A HISTORY LAW RUF FIAIRINGS.	with a manager of the state of		· ·		

SECTION 4	(COMPLETE	E THIS SECTION FOR AGENT CHANGE)
1. As an Agent, will you be to	physically present and opposite provide a copy of your BEFORE YOUR APPLICATION	prating the licensed premise? Yes No reading the licensed premise of the licensed premise the licensed premis
2. Is there a current Manage Certificate? Yes No If yes, Name of current Man	X	disclosed to the Department with the current Basic and Management Training
Basic Training	Yes No	Management Training Yes No
If "NO" for 1 and 2, a Manas Law training provider must b	ger with a current Basic on the submitted within 30 day	nd Management Iraining Certificate obtained from a Department approved Liquor vs after filing the application for Agent Change, Acaulstiton of Control or Restructure.
SECTION 5 To be complete	d by the INDIVIDUAL OR E	S SECTION FOR AGENT CHANGE) XISTING AGENT OR CORPORATE OFFICER OR LLC. CONTROLLING MEMBER:
1. License #		
2. Current Agent Name (Exactly as it	et appears on libense) Last	First Middle
l, (Print full name) to immediately assign c convicted of a felony ir	a new Agent in the event to the last five (b) years.	, hereby consent to the appointment of Agent for this license. I agree that I am unable to discharge the duties of Agent for this license. I have not been
x		State ofCounty of The foregoing instrument was acknowledged before me this
(Contolling Pers	on/Existing Agent)	Of
My commission expires on: _		Day Month Year
		Signature of NOTARY PUBLIC
	,	,
SECTION 6		SECTION FOR RESTRUCTURE)
		IYES
Type of current ownership:		Type of new ownership:
J.T.W.R.O.S.	\ /	J.T.W.R.O.S.
	\ /	hammed and the second s
INDIVIDUAL PARTNERSHIP		INDIVIDUAL
PARTNERSHIP CORPORATION	\times	hammed and the second s
PARTNERSHIP		INDIVIDUAL PARTNERSHIP
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PARTNERSHIP CORPORATION LIMITED LIABILITY CO. MANAGEMENT CO. TRIBE TRUST OTHER (Explain) SECTION 7 (COMPLETI To be completed by Control Section 2 Question 1.	VI Miller	INDIVIDUAL PARTNERSHIP CORPORATION LIMITED LIABILITY CO. MANAGEMENT CO. TRIBE TRUST OTHER (Explain) NT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE) gent (If no agent changes) OR NEW Agent if applying for Agent change as listed in
PARTNERSHIP CORPORATION LIMITED LIABILITY CO. MANAGEMENT CO. TRIBE TRUST OTHER (Explain) SECTION 7 (COMPLETI To be completed by Contra Section 2 Question 1. I, (Print full name) The application and the co	VI Miller	INDIVIDUAL PARTNERSHIP CORPORATION LIMITED LIABILITY CO. MANAGEMENT CO. TRIBE TRUST OTHER (Explain) NT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE) Gent (If no agent changes) OR NEW Agent if applying for Agent change as listed in hereby declare that I am the APPLICANT filling this application. I have read are true, correct and complete. State of The foregoing instrument was acknowledged before me this
PARTNERSHIP CORPORATION LIMITED LIABILITY CO. MANAGEMENT CO. TRIBE TRUST OTHER (Explain) SECTION 7 (COMPLETI To be completed by Contra Section 2 Question 1. I, (Print full name) The application and the co	Miller Mi	INDIVIDUAL PARTNERSHIP CORPORATION LIMITED LIABILITY CO. MANAGEMENT CO. TRIBE TRUST OTHER (Explain) NT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE) Gent (If no agent changes) OR NEW Agent if applying for Agent change as listed in The loregoing instrument was acknowledged before me this Of County of The loregoing instrument was acknowledged before me this Of County of Year
PARTNERSHIP CORPORATION LIMITED LIABILITY CO. MANAGEMENT CO. TRIBE TRUST OTHER (Explain) SECTION 7 (COMPLET To be completed by Contro Section 2 Question 1. I, (Print full name) The application and the co	olling Person or existing Agentical Miles of the Miles of	INDIVIDUAL PARTNERSHIP CORPORATION LIMITED LIABILITY CO. MANAGEMENT CO. TRIBE TRUST OTHER (Explain) NT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE) Gent (If no agent changes) OR NEW Agent if applying for Agent change as listed in The reby declare that I am the APPLICANT filling this application. I have read are true, correct and complete. State of The foregoing instrument was acknowledged before me this Of CONTROL OR RESTRUCTURE) County of The foregoing instrument was acknowledged before me this

EIKhorn Ranch, Inc

DBA EIKhorn Ranch

Liquer License 07100174

Liquer License Acquisition of Control Change

Application for Acquisition of Control Change

Section 3. Question # 2. Flow CHART

