

State of Arizona
Department of Liquor Licenses and Control

Created 12/09/2020 @ 09:56:49 AM

Local Governing Body Report

LICENSE

Number:	07070250	Type:	007 BEER AND WINE BAR
Name:	TRES RIOS GOLF COURSE AT ESTRELLA MOUNTAIN		
State:	Pending		
Issue Date:		Expiration Date:	02/28/2022
Original Issue Date:	03/08/1983		
Location:	15205 W VINEYARD AVENUE GOODYEAR, AZ 85338 USA		
Mailing Address:	15205 W VINEYARD AVENUE GOODYEAR, AZ 85338 USA		
Phone:	(623)932-3714		
Alt. Phone:	(480)668-3086		
Email:	J.BELLOWS@BELLOWSGOLFMANAGEMENT.COM		

Currently, this license has pending applications.

AGENT

Name:	JAMES ALWIER BELLOWS
Gender:	Male
Correspondence Address:	15205 W VINEYARD AVENUE GOODYEAR, AZ 85338 USA
Phone:	(480)668-3086
Alt. Phone:	
Email:	J.BELLOWS@BELLOWSGOLFMANAGEMENT.COM

OWNER

Name:	SOUTHWEST GOLF MANAGEMENT LLC		
Contact Name:	JAMES ALWIER BELLOWS		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	L22451058	State of Incorporation:	AZ
Incorporation Date:	12/27/2017		
Correspondence Address:	15205 W VINEYARD AVENUE GOODYEAR, AZ 85338 USA		
Phone:	(480)668-3086		
Alt. Phone:			
Email:	J.BELLOWS@BELLOWSGOLFMANAGEMENT.COM		

Officers / Stockholders

Name:	Title:	% Interest:
JOHN ROBERT WALL	MEMBER	50.00
JB LIVING TRUST DATED 3/26/1997 AS AMENDED	MEMBER	50.00

JB LIVING TRUST DATED 3/26/1997 AS AMENDED
- Trustee

Name: JAMES ALWIER BELLOWS
Gender: Male
Correspondence Address: 15205 W VINEYARD AVENUE
GOODYEAR, AZ 85338
USA
Phone: (480)668-3086
Alt. Phone:
Email: J.BELLOWS@BELLOWSGOLFMANAGEMENT.COM

SOUTHWEST GOLF MANAGEMENT LLC -
MEMBER

Name: JB LIVING TRUST DATED 3/26/1997 AS AMENDED
Contact Name: JAMES ALWIER BELLOWS
Type: TRUST
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 9755 E COCHISE DRIVE
SCOTTSDALE, AZ 85258
USA
Phone: (480)668-3086
Alt. Phone:
Email: J.BELLOWS@BELLOWSGOLFMANAGEMENT.COM

SOUTHWEST GOLF MANAGEMENT LLC -
MEMBER

Name: JOHN ROBERT WALL
Gender: Male
Correspondence Address: 15205 W VINEYARD AVENUE
GOODYEAR, AZ 85338
USA
Phone: (623)932-3714
Alt. Phone: (425)941-8375
Email: JOHN@1STMILE.COM

MANAGERS

Name: JAMES ALWIER BELLOWS
Gender: Male
Correspondence Address: 15205 W VINEYARD AVENUE
GOODYEAR, AZ 85338
USA
Phone: (480)668-3086
Alt. Phone:
Email: J.BELLOWS@BELLOWSGOLFMANAGEMENT.COM

Name: BARRY ALAN PROSSER
Gender: Male
Correspondence Address: 15205 W VINEYARD AVENUE
GOODYEAR, AZ 85338
USA
Phone: (623)932-3714
Alt. Phone: (602)920-1463
Email: FALCONBARRY@OUTLOOK.COM

APPLICATION INFORMATION

Application Number: 129827
Application Type: Owner Transfer
Created Date: 12/09/2020 *Selene*

QUESTIONS & ANSWERS

007 Beer and Wine 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
- 6) Did the Premises name Change?
No
- 7) Did the Premises mailing address change?
Yes
What is the Premises' new mailing address?
15205 W VINEYARD AVE GOODYEAR AZ 85338
- 8) Did the Premises phone number change?
No
- 13) Please provide name, address, and Distance of nearest school.
ESTRELLA MOUNTAIN ELEMENTARY 10301 S SAN MIGUEL GOODYEAR AZ 85338
3.74 MILES
- 14) Please provide name, address, and distance of nearest church.
REDEEMING GRACE CHURCH 3673 S BULLARD AVE #3610 GOODYEAR AZ 85338
2.41 MILES
- 15) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
PURCHASER
- 16) Is there a penalty if lease is not fulfilled?
No

- 17) What is the total money borrowed for the business not including the lease?

Please list lenders/people owed money for the business.

\$398,697.20

WELLS FARGO 800 WALNUT STREET 4TH FLOOR DES MOINES IA 50309 \$307,700.00

JOHN DEERE FINANCIAL PO BOX 6600 JOHNSTON IA 50131-6600 \$90,997.20

- 18) Is there a drive through window on the premises?

No

- 19) If there is a patio please indicate contiguous or non-contiguous within 30 feet.

CONTIGUOUS

- 20) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?

No

- 27) Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only)

\$15,000.00

State of Arizona
Department of Liquor Licenses and Control

Created 12/09/2020 @ 09:56:17 AM

Local Governing Body Report

LICENSE

Number:	INP070012622	Type:	INP INTERIM PERMIT
Name:	TRES RIOS GOLF COURSE AT ESTRELLA MOUNTAIN		
State:	Active		
Issue Date:	12/09/2020	Expiration Date:	03/24/2021
Original Issue Date:	12/09/2020		
Location:	15205 W VINEYARD AVENUE GOODYEAR, AZ 85338 USA		
Mailing Address:	15205 W VINEYARD AVENUE GOODYEAR, AZ 85338 USA		
Phone:	(623)932-3714		
Alt. Phone:	(480)668-3086		
Email:	J.BELLOWS@BELLOWSGOLFMANAGEMENT.COM		

AGENT

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Gender:	Male
Correspondence Address:	15205 W VINEYARD AVENUE GOODYEAR, AZ 85338 USA
Phone:	(480)668-3086
Alt. Phone:	
Email:	J.BELLOWS@BELLOWSGOLFMANAGEMENT.COM

OWNER

Name:	SOUTHWEST GOLF MANAGEMENT LLC		
Contact Name:	JAMES ALWIER BELLOWS		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	L22451058	State of Incorporation:	AZ
Incorporation Date:	12/27/2017		
Correspondence Address:	15205 W VINEYARD AVENUE GOODYEAR, AZ 85338 USA		
Phone:	(480)668-3086		
Alt. Phone:			
Email:	J.BELLOWS@BELLOWSGOLFMANAGEMENT.COM		

Officers / Stockholders

Name:	Title:	% Interest:
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JOHN ROBERT WALL

MEMBER

50.00

JB LIVING TRUST DATED 3/26/1997 AS AMENDED MEMBER

50.00

JB LIVING TRUST DATED 3/26/1997 AS AMENDED

- Trustee

Name: JAMES ALWIER BELLOWS
Gender: Male
Correspondence Address: 15205 W VINEYARD AVENUE
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Phone: (480)668-3086
Alt. Phone:
Email: J.BELLOWS@BELLOWSGOLFMANAGEMENT.COM

SOUTHWEST GOLF MANAGEMENT LLC - MEMBER

Name: JB LIVING TRUST DATED 3/26/1997 AS AMENDED
Contact Name: JAMES ALWIER BELLOWS
Type: TRUST
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 9755 E COCHISE DRIVE
SCOTTSDALE, AZ 85258
USA
Phone: (480)668-3086
Alt. Phone:
Email: J.BELLOWS@BELLOWSGOLFMANAGEMENT.COM

SOUTHWEST GOLF MANAGEMENT LLC - MEMBER

Name: JOHN ROBERT WALL
Gender: Male
Correspondence Address: 15205 W VINEYARD AVENUE
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Phone: (623)932-3714
Alt. Phone: (425)941-8375
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MANAGERS

Name: JAMES ALWIER BELLOWS
Gender: Male
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USA
Phone: (480)668-3086
Alt. Phone:
Email: J.BELLOWS@BELLOWSGOLFMANAGEMENT.COM

Name: BARRY ALAN PROSSER
Gender: Male
Correspondence Address: 15205 W VINEYARD AVENUE
GOODYEAR, AZ 85338
USA
Phone: (623)932-3714
Alt. Phone: (602)920-1463
Email: FALCONBARRY@OUTLOOK.COM

APPLICATION INFORMATION

Application Number: 129829
Application Type: New Application
Created Date: 12/09/2020 *Severa*

QUESTIONS & ANSWERS

INP Interim Permit

- 1) Enter License Number currently at location
07070250
- 2) Is the license currently in use?
Yes
- 3) Will you please submit section 5, page 6, of the license application when you reach the upload page?
Yes
A Document of type INTERIM NOTARY PAGE is required.

135 acres

LEGEND

- [illegible]

WILLIAMS, G. W. (1966)

17

[illegible]

20 Volt source positive
M chloride / HCl source

0.000000

Cub House
(ALCOHOL STORAGE)
Liquor

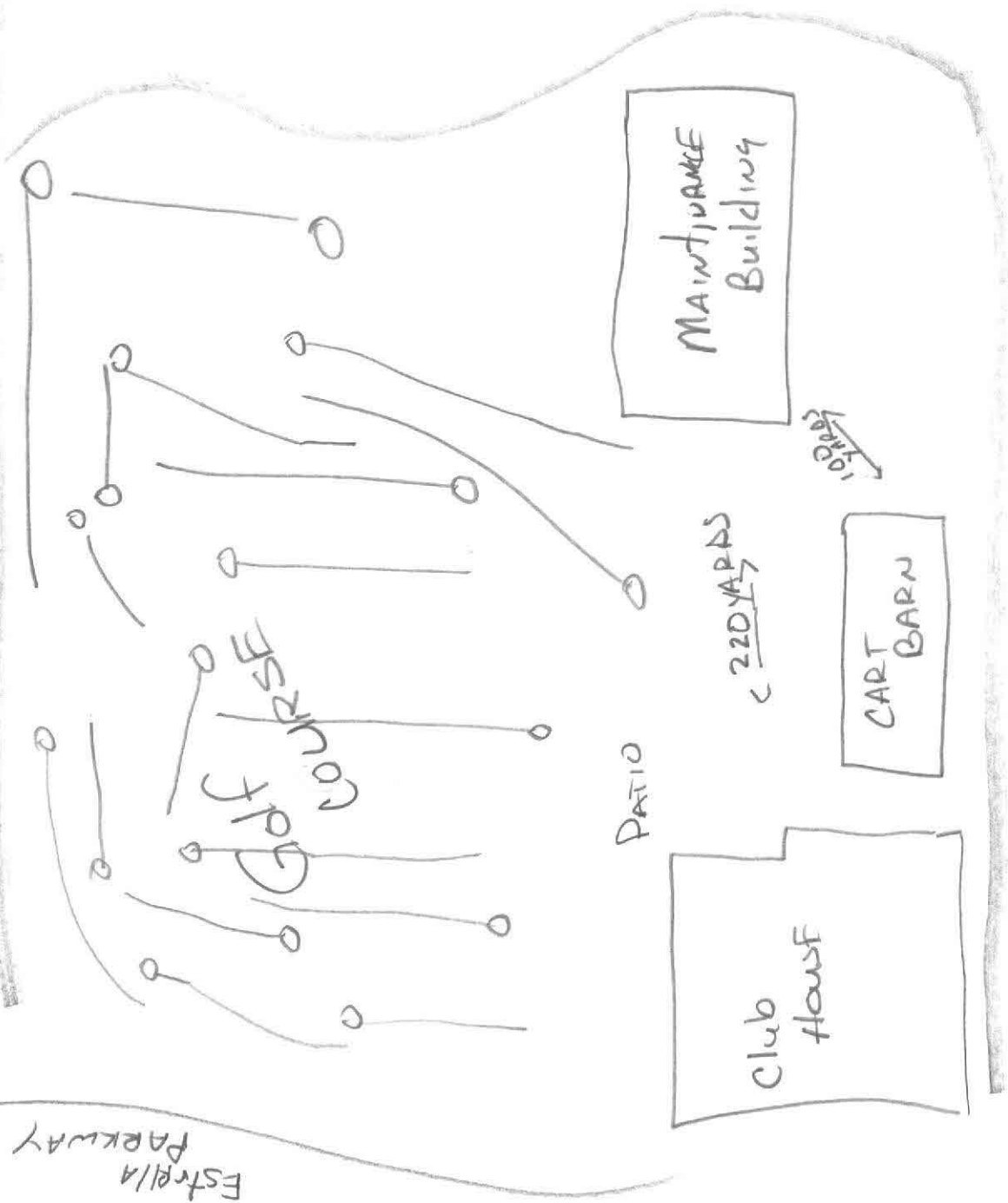
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CONSTRUCTION RECORD DRAWING

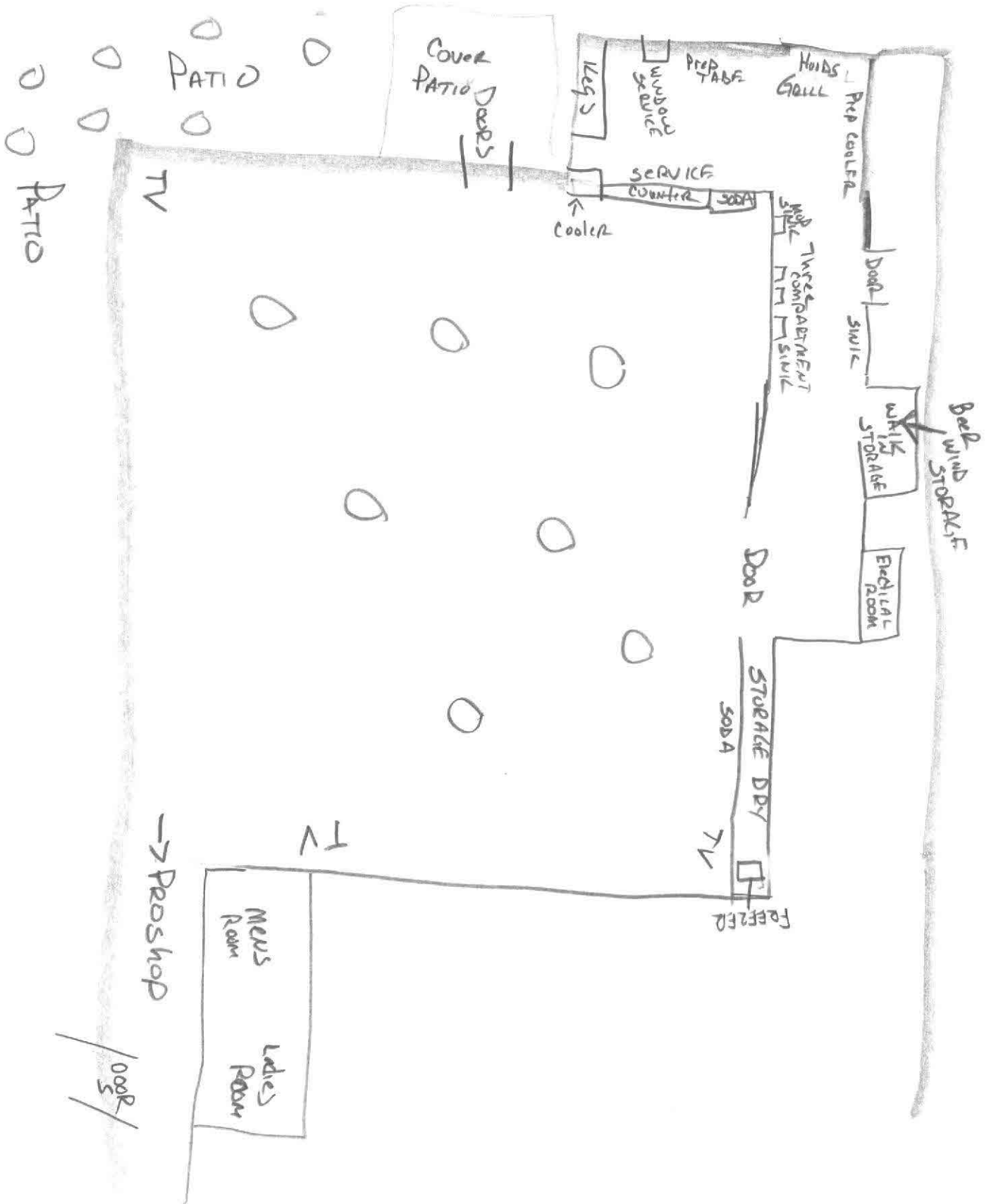
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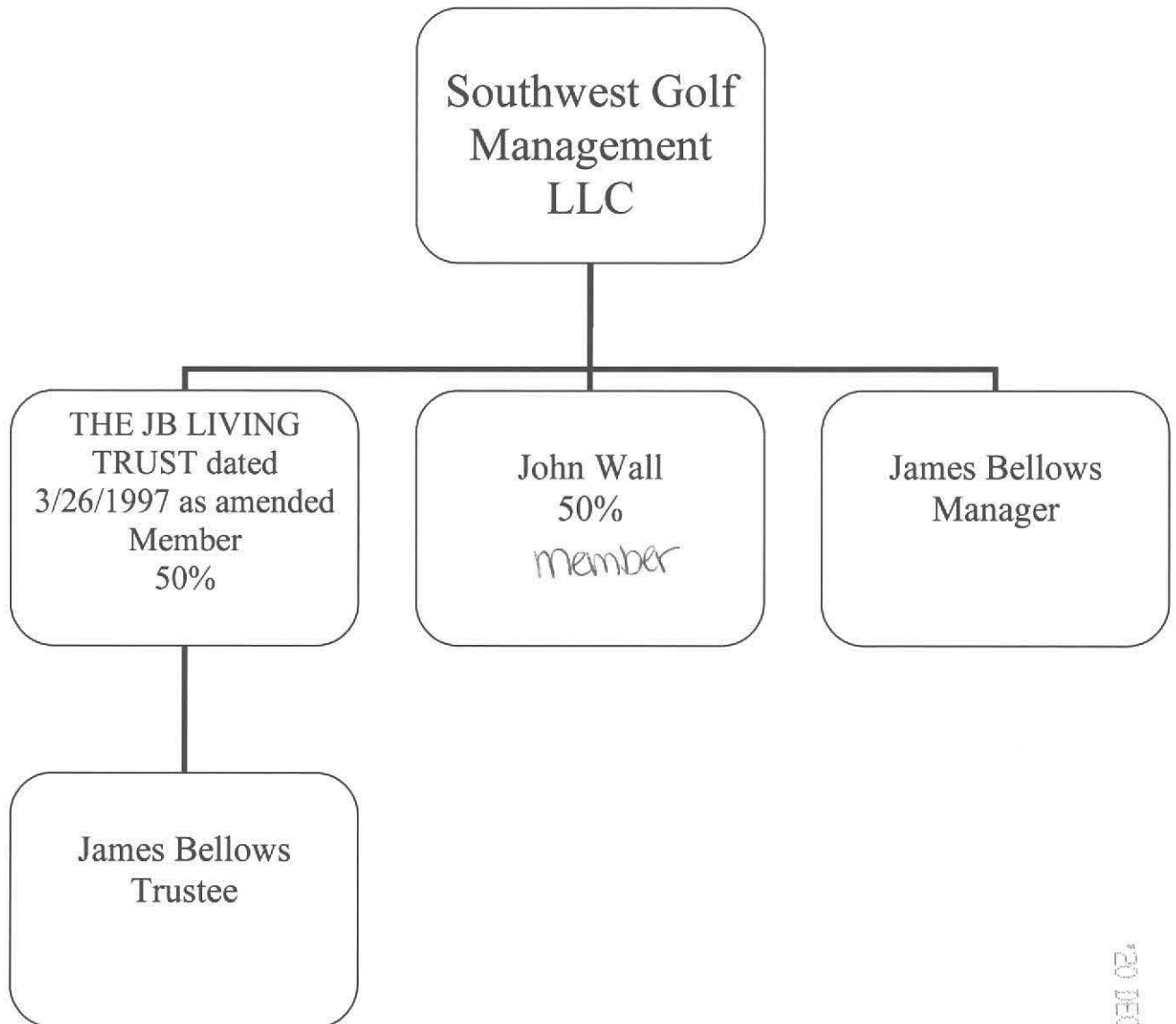
N
E
W
S

VINEYARD



CARTBARU





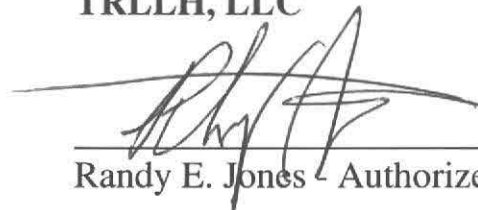
BILL OF SALE

KNOW ALL MEN BY THESE PRESENTS, that for good and valuable consideration, the receipt of which is hereby acknowledged, TRLLH, an Arizona Limited Liability Company (the "Seller"), hereby sells and transfers to the Southwest Golf Management, an Arizona Limited Liability Company (the "Purchaser"), the Series 7 Liquor License issued for Maricopa County under License No. **07070250** by the Arizona Department of Liquor Licenses and Control (the "Liquor License").

Seller hereby warrants and represents to Purchaser that it has full right and authority to transfer ownership of Liquor License free and clear of all encumbrances and claims of other persons or entities.

IN WITNESS WHEREOF, Seller has executed this Bill of Sale this 16 day of November, 2020.

TRLLH, LLC



Randy E. Jones - Authorized signatory for TRLLH, LLC

STATE OF ARIZONA)
) ss.
County of Maricopa)

On this 16 day of November 2020, before me, the undersigned Notary Public, personally appeared Randy E. Jones known to me (or satisfactorily proven) to be the person whose name is described to the foregoing instrument, and acknowledged that he executed the same for the purposes therein contained.

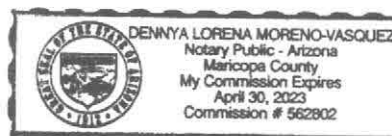
IN WITNESS HEREOF, I hereunto set my hand and official seal.



Notary Public

My Commission Expires:

04/30/2023



20 DEC 9 11:41:13 AM 1008



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

804-955

QUESTIONNAIRE
A.R.S. § 4-202, 4-210
Type or Print with Black Ink

The fees allowed by R19-1-102 will be charged for all dishonored checks.

ATTENTION APPLICANT: This is a legally binding document. Please type or print in **black ink**. 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 may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A **BLUE OR BLACK LINED** FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 07070250 / 129827

1. Check the Appropriate Box →

☒ Controlling Person

☒ Agent

☐ Premises Manager

(complete all questions except #12)

2. Name: Bellows James Alwier Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security # [REDACTED] Driver License # [REDACTED] State: Arizona

4. Place of birth: San Diego CA US Height: 5'11" Weight: 210 Eyes: Blue Hair: Brown
City State COUNTRY (not county)

5. Name of current/most recent spouse: Jakubek Mary Louise Birth Date: [REDACTED]
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? ☒ Yes ☐ No If yes, what is your date of residency: [REDACTED]

7. Daytime telephone number: 480-668-3086 E-mail address: j.bellows@bellowsgolfmanagement.com

8. Business Name: Tres Rios Golf Course at Estrella Mountain Business Phone: 623 / 932 / 3714

9. Business Location Address: 15205 W. Vineyard Ave. Goodyear AZ Maricopa 85338
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 residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
12/95	CURRENT	Self Employed	9755 E. Cochise Dr. Scottsdale, AZ 85258

(ATTACH ADDITIONAL SHEET IF NECESSARY)

20 DEC 9 11:41 AM '08

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
11/1998	CURRENT	9755 E COCHISE DR SCOTTSDALE AZ 85258

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating 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 & Management Liquor Law Training Course within the past 3 years? ☐ 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 summonses 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

NOTARY

I (Print Full Name) JAMES ALWIER BELLOW hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: [Signature]

State of ARIZONA

County of MARICOPA

The foregoing instrument was acknowledged before me this

My Commission Expires on: May 15, 2021

17 Day of NOV, 2020

Day Month Year



SUE C. KANE
Notary Public - State of Arizona
MARICOPA COUNTY
My Commission Expires
May 15, 2021

[Signature]
Signature of Notary

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

PRINT NAME: JAMES ALWIER BELLOW

SIGNATURE: [Signature]



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

**ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrant, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I – APPLICANT INFORMATION

INDIVIDUAL OWNER/AGENT NAME (Print or type) James Alwier Bellows

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? ☒ Yes ☐ No

If **Yes**, indicate place of birth:

City Anchorage State (or equivalent) AK Country or Territory US

If you answered **Yes**, 1) Attach a legible copy of a document from the attached list.

2) Name of document: Drivers license
Go to Section IV.

If you answered **No**, you must complete Section III and IV.

SECTION III – ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status.

Name of document provided

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA.
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban/Haitian entrant.
- ☐ 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- ☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Non immigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States for Less Than One Year (8 U.S.C. § 1621(a)(3))

- ☐ 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- ☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- ☐ 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- ☐ 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

SECTION IV - DECLARATION

All applicants must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

James Alwier Bellows

Individual Owner/Agent Printed Name



Individual Owner/Agent Signature

11/17/2020

Today's Date

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

Evidence showing authorized presence in the United State includes the following:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification card.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. ***Passport must be signed***
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

Arizona DRIVER LICENSE USA

NOT FOR FEDERAL IDENTIFICATION

9 CLASS D
9a END NONE
12 REST B

4d DLN
3 DOB

1 BELLOWS
2 JAMES ALWIER

3 9755 E COCHISE DR
SCOTTSDALE, AZ 85258-4756

4b EXP 12/01/2021

4a ISS 11/03/2016

15 SEX M

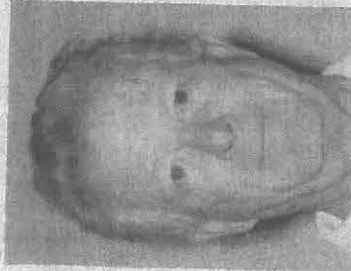
16 EYES BLU

16 HGT 6'-00"

19 HAIR BRO

17 WGT 200 lb

5 DD 1356C9034B1447J6



James Alwier

20 DEC 9 11:47 AM 1008



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

QUESTIONNAIRE
A.R.S. § 4-202, 4-210
Type or Print with Black Ink

804-955

The fees allowed by R19-1-102 will be charged for all dishonored checks.

ATTENTION APPLICANT: This is a legally binding document. Please type or print in black ink. 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 may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#:

07070250/129827

1. Check the Appropriate Box →

☒ Controlling Person

☐ Agent

☐ Premises Manager

(complete all questions except #12)

2. Name: Wall John Robert Birth Date: [REDACTED] (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: Washington

4. Place of birth: Anchorage AK US Height: 5'8" Weight: 225 Eyes: Brown Hair: Black

5. Name of current/most recent spouse: Wall Linda Kay Birth Date: [REDACTED] (NOT a public record)

6. Are you a bona fide resident of Arizona? ☐ Yes ☒ No If yes, what is your date of residency: _____

7. Daytime telephone number: 425-941-8375 E-mail address: john@1stmile.com

8. Business Name: Tres Rios Golf Course at Estrella Mountain Business Phone: 623,932,3714

9. Business Location Address: 15205 W. Vineyard Ave. Goodyear AZ Maricopa 85338

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
04/16	CURRENT	CEO	1st Mile LLC 18807 NE 103rd St Redmond WA 98052
10/04	03/16	CEO	Merchant Partners LLC 18807 NE 103rd St Redmond WA 98052

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

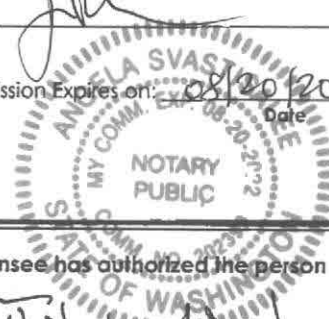
FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
12/83	CURRENT	18807 NE 103rd st Redmond WA 98052

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating 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 & Management Liquor Law Training Course within the past 3 years? ☐ 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 summonses 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

NOTARY	
I (Print Full Name) <u>John Wall</u> hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.	
Signature: <u>[Signature]</u>	State of <u>WA</u> County of <u>King</u>
My Commission Expires on: <u>08/20/2022</u>	The foregoing instrument was acknowledged before me this <u>18</u> Day of <u>November</u> , 20 <u>20</u>
	<u>[Signature]</u> Signature of Notary

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

PRINT NAME: John Wall

SIGNATURE: [Signature]



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

QUESTIONNAIRE
A.R.S. § 4-202, 4-210
Type or Print with **Black Ink**

804-955

The fees allowed by R19-1-102 will be charged for all dishonored checks.

ATTENTION APPLICANT: This is a legally binding document. Please type or print in **black ink**. 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 may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A **BLUE OR BLACK LINED** FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 07070250/129827

1. Check the
Appropriate
Box →

☐ Controlling Person

☐ Agent

☒ Premises Manager

(complete all questions except #12)

2. Name: Prosser Barry Alan Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: Arizona

4. Place of birth: Bloomington IL US Height: 6' Weight: 200 Eyes: Green Hair: Brown
City State COUNTRY (not county)

5. Name of current/most recent spouse: _____ Birth Date: ____/____/____
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? ☒ Yes ☐ No If yes, what is your date of residency: [REDACTED]

7. Daytime telephone number: 602-920-1463 E-mail address: falconbarry@outlook.com

8. Business Name: Tres Rios Golf Course at Estrella Mountain Business Phone: 623/932/3714

9. Business Location Address: 15205 W. Vineyard Ave. Goodyear AZ Maricopa 85338
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 residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
04/18	CURRENT	Manager	Southwest Golf Management 9755 E. Cochise Dr. Scottsdale, AZ 85258
09/15	10/18	Manager	Denny's 441 S Watson Rd, Buckeye, AZ 85326

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
6/2014	CURRENT	12409 W Aster Dr El MIRAGE, AZ 85335

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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Give complete details including dates, agencies involved and dispositions.

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

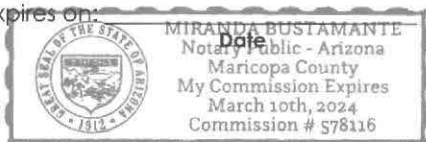
NOTARY

I (Print Full Name) BARRY ALAN PROSSER hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: Barry Prosser

State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this

My Commission Expires on:



17th Day of November, 2020
Day Month Year

Mir Bustamante
Signature of Notary

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

PRINT NAME: JAMES ALVIER BELLONS

SIGNATURE: [Signature]