

Arizona Department of Liquor Licenses and Control
800 West Washington, 5th Floor
Phoenix, Arizona 85007

www.azliquor.gov
602-542-5141

NOT REJECTED

APPLICATION FOR LIQUOR LICENSE

TYPE OR PRINT WITH BLACK INK

NOT FOR PUBLIC DISSEMINATION

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.

SECTION 1 This application is for a:

- MORE THAN ONE LICENSE
- INTERIM PERMIT Complete Section 5
- NEW LICENSE Complete Sections 2, 3, 4, 11, 13, 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): 06110029

1. Type of License(s): SERIES 6 - BAR

2. Total fees attached:

Department Use Only
\$ 244.00

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. MORSE THERESA JUNE
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: TOMMY'S BCH, LLC
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: O'SHAYS PUB & GRILL
(Exactly as it appears on the exterior of premises)
4. Principal Street Location: 20800 N JOHN WAYNE PKWY STE 101 MARICOPA PINAL 85239
(Do not use PO Box Number) City County Zip
5. Business Phone: 520 568-5338 Daytime Phone: 480-353-8035 Email: TJMORSE1208@Q.COM
6. Is the business located within the incorporated limits of the above city or town? YES NO
7. Mailing Address: 20800 N JOHN WAYNE PKWY STE 101 MARICOPA AZ 85239
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type \$ Type \$

DEPARTMENT USE ONLY

Fees:	\$100.00	\$100.00	—	\$44.00	\$ 244.00
	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: RW Date: 5/8/15 Lic. # 06110029

SECTION 5 Interim Permit:

15 MAY 8 Lic. Lic. PM1256

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. 06110029
4. Is the license currently in use? YES NO If no, how long has it been out of use? 04/30/2015

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

I, ^{B. & M. Schrodler} TED SCHRODER, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER, MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

X Ted Schroder
(Signature)

State of Arizona County of Pinal

My commission expires on: 08-11-2018



The foregoing instrument was acknowledged before me this

1 day of May, 2015
Day Month Year

Noemi Perez
(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"/>						

) 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 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.: TOMMY'S BCH, LLC
 (Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 04/22/2015 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-20001196 Date authorized to do business in AZ: 04/24/2015
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
SKRZYPCZAK	RALPH		MGR/MEM	20800 N JOHN WAYNE PKWY 101 MARICOPA AZ 85239	
SKRZYPCZAK	JOHN		MEMBER	20800 N JOHN WAYNE PKWY 101 MARICOPA AZ 85239	

(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
SKRZYPCZAK	RALPH		50	20800 N JOHN WAYNE PKWY 101 MARICOPA AZ 85239	
SKRZYPCZAK	JOHN		50	20800 N JOHN WAYNE PKWY 101 MARICOPA AZ 85239	

(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
 15 MAY 8 11:47 AM 1256
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: MORSE THERESA JUNE Entity: AGENT
 (Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: CHIMI'S LLC
 (Exactly as it appears on license)
3. Current Business Name: O'SHAYS PUB & GRILL
 (Exactly as it appears on license)
4. Physical Street Location of Business: Street 20800 N JOHN WAYNE PKWY STE 101
 City, State, Zip MARICOPA ARIZONA 85239
5. License Type: SERIES 6 BAR License Number: 06110029
6. If more than one license to be transferred: License Type: _____ License Number: _____
7. Current Mailing Address: Street 4532 E CAPISTRANO AVENUE
 (Other than business) City, State, Zip PHOENIX ARIZONA 85044
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, TED SCHRODER, hereby authorize the department to process this application to transfer the 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, TED SCHRODER, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

Ted Schroder
 (Signature of CURRENT LICENSEE)



Date of _____ Arizona County of Pinal
 The foregoing instrument was acknowledged before me this
 01 Day May 2015 Year
Noemi Perez
 (Signature of NOTARY PUBLIC)

My commission expires on: 08-11-2018

15 MAY 8 14P. LC #1256

STATE OF ARIZONA

DEPARTMENT OF LIQUOR LICENSES
AND CONTROL
ALCOHOLIC BEVERAGE LICENSE

License 06110029

Issue Date: 12/24/2014

Issued To:
THERESA JUNE MORSE, Agent
CHIMI'S LLC, Owner

Location:
O'SHAYS PUB & GRILL
20800 N JOHN WAYNE PKWY #101
MARICOPA, AZ 85239

Expiration Date: 8/31/2015

Bar

Mailing Address:

THERESA JUNE MORSE
CHIMI'S LLC
O'SHAYS PUB & GRILL
20800 N JOHN WAYNE PKWY #101
MARICOPA, AZ 85239



EXP 8/31/2015

POST THIS LICENSE IN A CONSPICUOUS PLACE

BILL OF SALE

IN CONSIDERATION OF THE SUM OF:

***THIRTY-TWO THOUSAND DOLLARS AND NO CENTS *** (\$32,000.00), and other valuable consideration, receipt of which is hereby acknowledged, the SELLER:

CHIMI'S, LLC

Hereby grants, bargains, sell, and transfer unto the BUYER:

TOMMY'S BCH, LLC

and his, her or their, personal representatives, or assigns, to have and to hold forever, the following described personal property, goods, or chattels:

That certain State of Arizona Series #6 Liquor License # 06110029

FURTHERMORE, SELLER warrants that he, she, or they are the lawful owner of said goods and hereby certifies, under oath, the he, she, or they have good right to sell the same as aforesaid, and that the above described property is free and clear of all claims, liens, and other encumbrances whatsoever except as listed in section I below. Seller agrees to warrant and defend same against the lawful claims and demands of all persons whomsoever. Seller agrees to reduce the selling price from THIRTY-TWO THOUSAND DOLLARS AND NO CENTS (\$32,000.00) to the sum of TWENTY THOUSAND DOLLARS AND NO CENTS \$20,000.00) acknowledging the BUYER shall pay Twelve Thousand Dollars and No Cents (\$12,000.00) in fees to Transition Investments LLC.

Should there be any sales privilege transaction taxes owed to any entity prior to the date of this transaction or any lien or encumbrances whatsoever; the responsibility for said liabilities shall be the sole responsibility of the SELLER. Upon PURCHASING Arizona liquor license 06110029, it will be the buyers' responsibility to RENEW THE LIQUOR LICENSE at the time deemed by ARIZONA DEPARTMENT OF LIQUOR and buyer shall pay all fees necessary to transfer the liquor license. If the buyer is not successful in transferring the liquor license, the liquor license may be sold by the buyer to another party.

SECTION I: Funds shall be disbursed directly from the Buyer to the following entities in said amounts listed accordingly:

CHIMI'S, LLC - a Cashier's check in the amount of: \$20,000.00 (Twenty Thousand Dollars and No Cents)
TRANSITION INVESTMENTS, LLC - a Cashier's check in the amount of: \$12,000.00 (Twelve Thousand Dollars and No Cents)

SELLER:

Therefore, Seller agrees hereby grants, bargains, sells, and transfers unto the BUYER Arizona liquor license 06110029 for the sum of \$20,000.00 (TWENTY THOUSAND DOLLARS AND NO CENTS) on this 1st day of May, 2015.

SELLER:
CHIMI'S, LLC

By: Ted Schroder
Ted Schroder

Its: Manager

State of Arizona)
County of Maricopa)ss

On the day of 2015, before me, the undersigned Notary Public, personally appeared Ted Schroder, Manager of Chimi's, LLC and that he, being duly authorized to do so, executed the foregoing instrument for the sole purpose contained therein

Notary Public
08-11-2018
My Commission Expires



DATED AND ACCEPTED THIS DAY OF May, 2015

By: Ralph Skrzypczak
Buyer

By: John Skrzypczak
Buyer

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

15 MAY 8 Lic. Lic. PM1256

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

1. Distance to nearest school: 5,280 ft. Name of school BUTTERFIELD ELEMENTARY SCHOOL
Address 43800 W HONEYCUTT RD MARICOPA AZ 85138
City, State, Zip _____
2. Distance to nearest church: 5,227 ft. Name of church CALVARY CHAPEL MARICOPA
Address 20928 N JOHN WAYNE PKWY MARICOPA AZ 85139
City, State, Zip _____
3. I am the: Lessee Sublessee Owner Purchaser (of premises)
4. If the premises is leased give lessors: Name TRANSITION INVESTMENTS, LLC
Address PO BOX 15175 SCOTTSDALE AZ 85267
City, State, Zip _____
- 4a. Monthly rental/lease rate \$ 5,000 What is the remaining length of the lease 5 yrs. _____ mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ EVICTION or other LANDLORD REMEDIES
(give details - attach additional sheet if necessary)
5. What is the total **business** indebtedness for this license/location excluding the lease? \$ ZERO
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

SECTION 13 - continued

15 MAY 8 Ligr. Lic. #1256

- 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 # 06110029 (exactly as it appears on license) Name THERESA JUNE MORSE

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:

_____ and license #: _____
Last First Middle

- 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

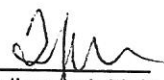
As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception 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? _____
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.

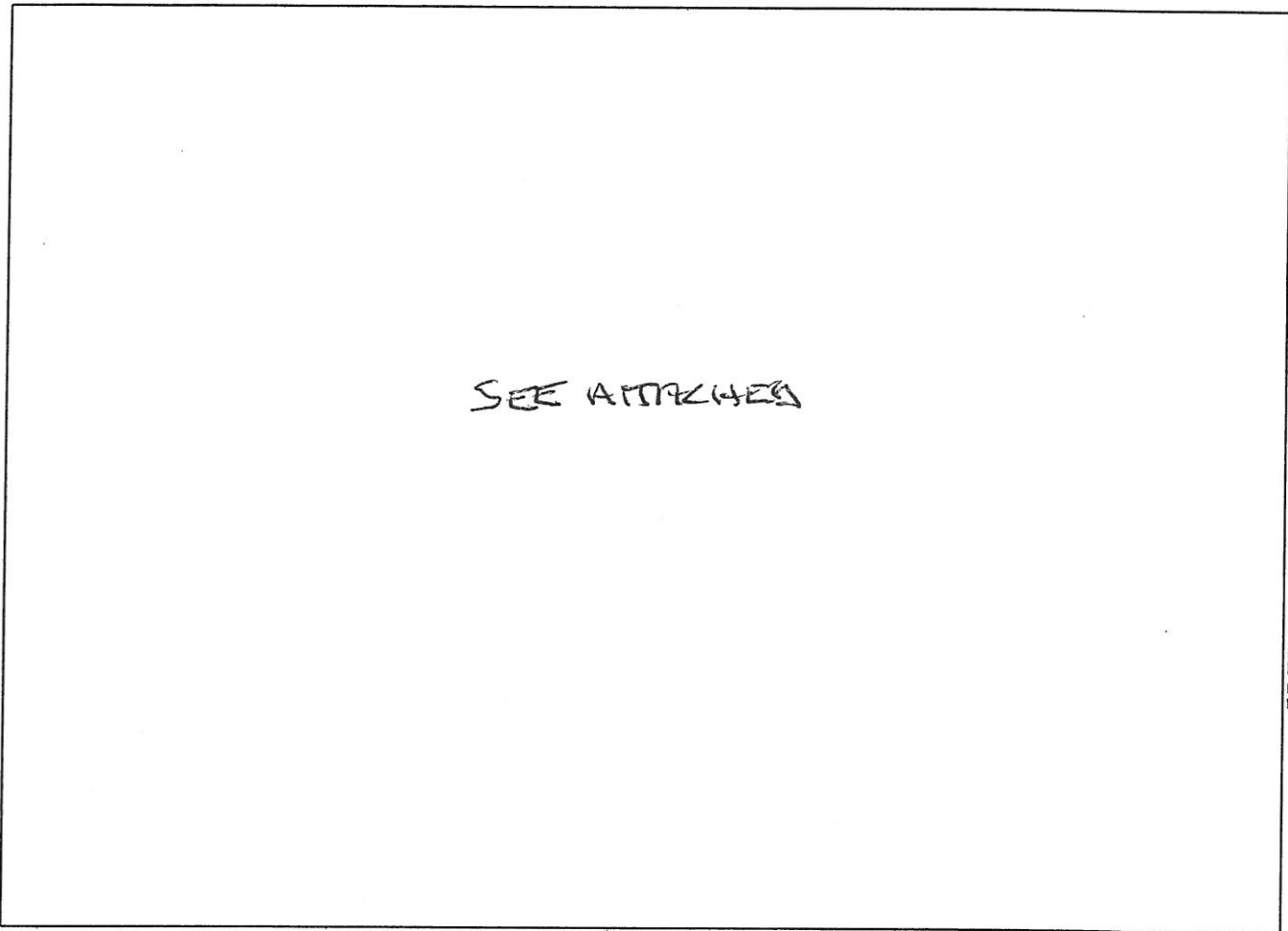


applicants initials

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.

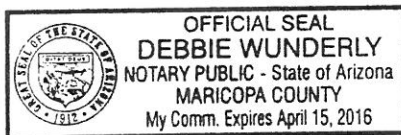


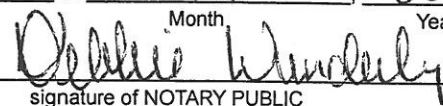
SECTION 16 Signature Block

I, THERESA JUNE MORSE, 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 of applicant listed in Section 4, Question 1)

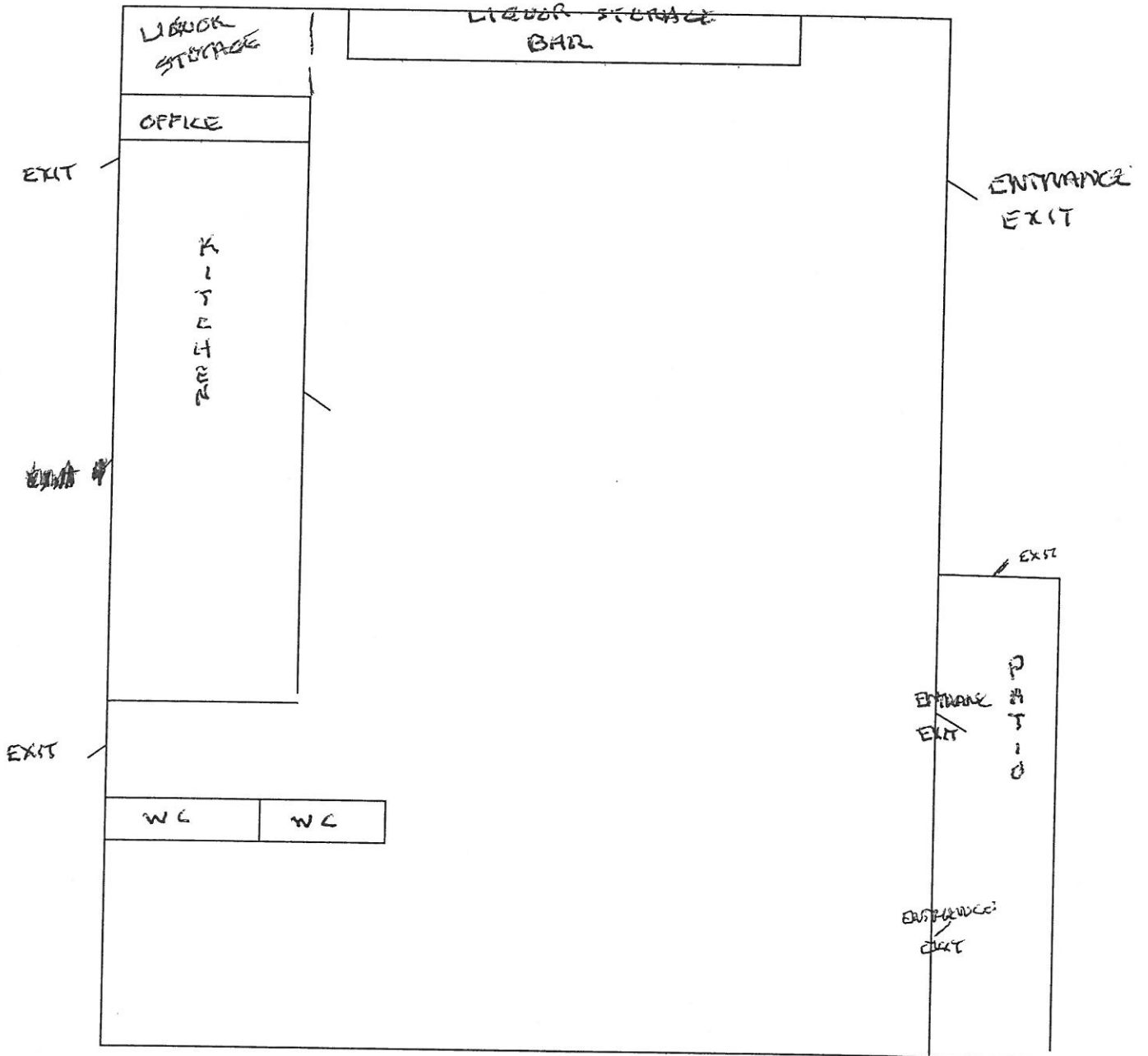
State of ARIZONA County of MARICOPA



The foregoing instrument was acknowledged before me this 8 of MAY, 2015
Day Month Year

signature of NOTARY PUBLIC

My commission expires on : _____
Day Month Year

15 MAY 8 Lic. Lic. PM1256



4,100 SQ FT

15 MAY 8 147. Lic. #1256

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

QUESTIONNAIRE

FP current
* rovd 6/14/13.
P1054525

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE. FINGERPRINTS ON FBI-APPROVED CARDS ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES, OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT CHARGES A \$13 FEE.

In addition to other fingerprint fees, a \$22 DPS background check fee will be charged for each fingerprint card.

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

Liquor License #

06110029

(If the location is currently licensed)

1. Check appropriate box →	Controlling Person (Complete Questions 1-19)	✓ Agent (Complete Questions 1-19)	Manager (Only) (Complete All Questions except # 14, 14a & 21)
	Controlling Person or Agent must complete #21 for a Manager		Controlling Person or Agent must complete # 21

2. Name: MORSE THERESA JUNE Date of Birth: 09 / 03 / 1953
 Last First Middle (NOT a Public Record)

3. Social Security Number: 370628868 Drivers License #: B13576664 State: ARIZONA
 (NOT a public record) (NOT a public record)

4. Place of Birth: DETROIT MICHIGAN USA Height: 501 Weight: 165 Eyes: HZ Hair: BLN
 City State Country (not county)

5. Marital Status Single Married Divorced Widowed

6. Name of Current or Most Recent Spouse: _____ Date of Birth: ____ / ____ / ____
 (List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? ARIZONA If Arizona, date of residency: 07/1981

8. Telephone number to contact you during business hours for any questions regarding this document. 480-353-8035

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: O'SHAYS PUB & GRILL Premises Phone: 520-568-5338

11. Physical Location of Licensed Premises Address: 20800 N JOHN WAYNE PKWY #101 MARICOPA PINAL 85239
 Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
02/07	CURRENT	Consultant/Trainer	A.G.A.T.E. 530 E McDowell Rd Ste 107-241 Phoenix AZ 85004

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
12/06	CURRENT	O	19486 N Kari Lane	Maricopa	AZ	85139

If you checked the Manager box on the front of this form skip to # 15

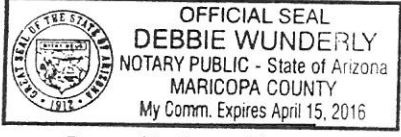
- 14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? YES NO
If you answered YES, how many hrs/day? _____, and answer #14a below. If NO, skip to #15.
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof) YES NO
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license.
- 15. Have you been cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years? YES NO
In addition, please include all traffic tickets and complaints within the last ten (10) years that resulted in a warrant for arrest AND any traffic tickets and complaints that are alcohol or drug-related.
- 16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? Include only criminal traffic tickets and complaints. YES NO
- 17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? YES NO
- 18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? YES NO
- 19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? YES NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement. Give complete details including dates, agencies involved, and dispositions.
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, THERESA JUNE MORSE, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
 filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X *Theresa June Morse*
(Signature of Applicant)

State of AZ County of MARICOPA



The foregoing instrument was acknowledged before me this 8 day of MAY, 2015
Month Year
Debbie Wunderly
(Signature of NOTARY PUBLIC)

My commission expires on: _____
Day Month Year

COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license. The manager named must be at least 21 years of age.

State of _____ County of _____

X _____
Signature of Controlling Person or Agent (circle one)

The foregoing instrument was acknowledged before me this _____ day of _____, _____
Month Year

Print Name

(Signature of NOTARY PUBLIC)

My commission expires on: _____
Day Month Year

15 MAY 8 Lic. Lic. PM1256

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

Handwritten notes: 804, 174 * raid 5/8/15. AW

QUESTIONNAIRE

Handwritten ID: P1073852

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE. FINGERPRINTS ON FBI-APPROVED CARDS ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES, OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT CHARGES A \$13 FEE.

In addition to other fingerprint fees, a \$22 DPS background check fee will be charged for each fingerprint card.

Liquor License #

06110029

(If the location is currently licensed)

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

1. Check appropriate box -> Controlling Person or Agent must complete #21 for a Manager; Manager (Only) Complete All Questions except # 14, 14a & 21 Controlling Person or Agent must complete # 21

2. Name: SKRZYPCZAK RALPH Date of Birth: 02/29/1980

3. Social Security Number: 351685029 Drivers License #: D00723651 State: ARIZONA

4. Place of Birth: CHICAGO ILLINOIS USA Height: 511 Weight: 175 Eyes: HZ Hair: BR

5. Marital Status: Single Married Divorced Widowed

6. Name of Current or Most Recent Spouse: Date of Birth: / /

7. You are a bona fide resident of what state? ARIZONA If Arizona, date of residency: 6/2007

8. Telephone number to contact you during business hours for any questions regarding this document. 970-485-9889

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: O'SHAYS PUB & GRILL Premises Phone: 520-568-5338

11. Physical Location of Licensed Premises Address: 20800 N JOHN WAYNE PKWY #101 MARICOPA PINAL 85239

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip). Rows include BAR, TEACHER, and Teacher Assistant.

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

13. Indicate your residence address for the last five (5) years:

Table with 7 columns: FROM Month/Year, TO Month/Year, Rent or Own, RESIDENTIAL Street Address, City, State, Zip. Rows include 41920 W SPARKS COURT and 1116 W MISSOURI AVENUE.

ADDENDUM TO QUESTIONNAIRE
RALPH SKRZYPCZAK

Question 12:

5/2010 – Current Self Employed A Thin Line Productions, LLC
1116 W Missouri Phoenix Arizona 85013

8/2008 – 5/2010 Student / ASU 1151 S. Forest Avenue Tempe Arizona 85281

Respectfully,

A handwritten signature in cursive script, appearing to read "Ralph Skrzypczak".

Ralph Skrzypczak

If you checked the Manager box on the front of this form skip to # 15

- 14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? ✓ YES | NO
If you answered YES, how many hrs/day? 8, and **answer #14a below**. If NO, skip to #15.
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof) YES ✓ NO
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license.
- 15. Have you been cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years? YES ✓ NO
In addition, please include all traffic tickets and complaints within the last ten (10) years that resulted in a warrant for arrest AND any traffic tickets and complaints that are alcohol or drug-related.
- 16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? Include only criminal traffic tickets and complaints. YES ✓ NO
- 17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? YES ✓ NO
- 18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? YES ✓ NO
- 19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? YES ✓ NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.
Give complete details including dates, agencies involved, and dispositions.
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, RALPH SKRZYPCZAK, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

x *Ralph Skrzypczak* State of Arizona County of Pinal
(Signature of Applicant)

The foregoing instrument was acknowledged before me this _____ day of May, 2015
Month Year
My commission expires on: 07/12/2018
Day Month Year
Brittany Luetkahn
(Signature of NOTARY PUBLIC)



COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license. The manager named must be at least 21 years of age.

State of _____ County of _____
The foregoing instrument was acknowledged before me this _____ day of _____, _____
Month Year
x _____
Signature of Controlling Person or Agent (circle one)

Print Name
My commission expires on: _____
Day Month Year

(Signature of NOTARY PUBLIC)

15 MAY 8 11:47 AM 12:56

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

804, 174
* road 5/18/15.
DW

QUESTIONNAIRE

P1073853

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE. FINGERPRINTS ON FBI-APPROVED CARDS ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES, OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT CHARGES A \$13 FEE.

In addition to other fingerprint fees, a \$22 DPS background check fee will be charged for each fingerprint card.

Liquor License #

06110029

(If the location is currently licensed)

1. Check appropriate box -> [Controlling Person or Agent must complete #21 for a Manager] [Manager (Only) Complete All Questions except # 14, 14a & 21 Controlling Person or Agent must complete # 21]

2. Name: SKRZYPCZAK JOHN Date of Birth: 09 / 19 / 1944

3. Social Security Number: 323565767 Drivers License #: 92-215-3486 State: COLORADO

4. Place of Birth: MIECHOW POLAND Height: 507 Weight: 165 Eyes: BRO Hair: BR

5. Marital Status Single [checked] Married Divorced Widowed

6. Name of Current or Most Recent Spouse: SKRZYPCZAK JOANNA FRANCIS TUZIM Date of Birth: 08 / 21 / 1956

7. You are a bona fide resident of what state? ARIZONA If Arizona, date of residency: 6/2007

8. Telephone number to contact you during business hours for any questions regarding this document. 970-485-9889

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: O'SHAYS PUB & Grill Premises Phone: 520 568 5338

11. Physical Location of Licensed Premises Address: 20800 N JOHN WAYNE PKWY #101 MARICOPA PINAL 85239

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip). Rows include BAR and MAINTENANCE CO.

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

13. Indicate your residence address for the last five (5) years:

Table with 6 columns: FROM Month/Year, TO Month/Year, Rent or Own, RESIDENTIAL Street Address, City, State, Zip. Rows include 41920 W SPARKS COURT and 741 SHEKEL LANE.

If you checked the Manager box on the front of this form skip to # 15

- 14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, how many hrs/day? 4, and **answer #14a below**. If NO, skip to #15. ✓ YES NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. YES ✓ NO
- 15. Have you been cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years?
In addition, please include all traffic tickets and complaints within the last ten (10) years that resulted in a warrant for arrest AND any traffic tickets and complaints that are alcohol or drug-related. ✓ YES NO
- 16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? Include only criminal traffic tickets and complaints. YES ✓ NO
- 17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? YES ✓ NO
- 18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? YES ✓ NO
- 19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? ✓ YES NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.
Give complete details including dates, agencies involved, and dispositions.
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

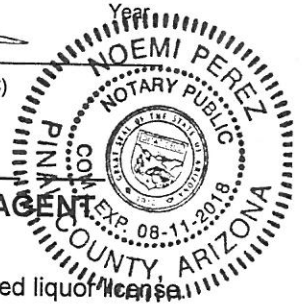
20. I, JOHN SKRZYPCZAK, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

x *John Skrzypczak*
(Signature of Applicant)

State of Arizona County of Pinal

The foregoing instrument was acknowledged before me this
01 day of May, 2015
Month Year
Noemi Perez
(Signature of NOTARY PUBLIC)

My commission expires on: 11-08-2018
Day Month Year



COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.
The manager named must be at least 21 years of age.

x _____
Signature of Controlling Person or Agent (circle one)

Print Name

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

(Signature of NOTARY PUBLIC)

My commission expires on: _____
Day Month Year

ADDENDUM TO QUESTIONNAIRE
JOHN SKRZYPCZAK

Question 15:

On or about January 2013 I was stopped by Maricopa Police Department for unsafe lane change. I was subsequently arrested for DUI. The DUI charge was dismissed. I attended traffic school for another violation and paid related court fees.

Question 19:

I have owned the following liquor licensed establishments in the past:

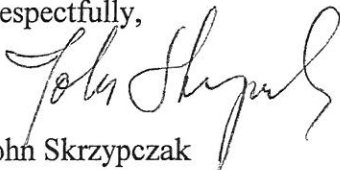
~~1986-1988~~ Colt's Sports Bar 401 S Main St. Breckenridge, Colorado 80424

~~1981-1989~~ Skiers Edge Lodge Bar 4192 Hwy 9 Breckenridge, Colorado 80424

~~2007-2009~~ Alma's Only Bar 12 S. Main St. Alma Colorado 80420

DATES ARE APPROXIMATE

Respectfully,



John Skrzypczak

15 MAY 8 11:49 AM 12:57

AZ CORPORATION COMMISSION
FILED



APR 8 2015

ARTICLES OF ORGANIZATION

OF

FILE NO. L-2000119-6

TOMMY'S BCH, LLC

The undersigned, desiring to form a limited liability company under the provisions of Arizona Revised Statutes §29-632, hereby sets forth the following:

Article I

The name of the Limited Liability Company is TOMMY'S BCH, LLC

Article II

The known place of business of the limited liability company is:
20800 N. John Wayne Pkwy Ste #101 Maricopa, Arizona 85139

Article III

The name and address of the statutory agent of the company is:
Ralph Skrzypczak
41920 Sparks Court
Maricopa, Arizona 85138

Article IV

The term of the liability company shall be perpetual.

Article V

The management of the limited liability company is vested in its Managers.

Article VI

The names and addresses of each person who is a member who owns capital or profits of the limited liability company are:

Ralph Skrzypczak Manager/Member
41920 Sparks Court
Maricopa, Arizona 85138

John Skrzypczak, Member
41920 Sparks Court
Maricopa, Arizona 85138

15 MAY 8 Lique. Lic. #1257

EXECUTED this 22nd day of April, 2015 by its Manager/Member

Printed Name: Ralph Skrzypczak

Signed: Ralph Skrzypczak, Manager/Member

ACCEPTANCE OF APPOINTMENT BY STATUTORY AGENT

I, Ralph Skrzypczak, having an address of 41920 Sparks Court, Maricopa Arizona 85138 have been designated to act as Statutory Agent of TOMMY'S BCH, LLC hereby consent to act to that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statutes effective this 22nd day of April, 2015.

Signed: Ralph Skrzypczak

Printed Name: ~~Ralph~~ Skrzypczak, Manager/Member

Ralph

OPERATING AGREEMENT

OF

'15 MAY 8 Ligt. Lic. PM 1:54

TOMMY'S BCH, LLC

By this Operating Agreement ("Agreement") effective APRIL 22, 2015, by and between RALPH SKRZYPCZAK ("RS"), having an address of 41920 SPARKS COURT, MARICOPA ARIZONA 85139 and JOHN SKRZYPCZAK ("JS"), having an address of 41920 SPARKS COURT, MARICOPA ARIZONA 85139 (sometimes referred to herein as the "Member(s)"), the Members have formed a limited liability company under the laws of the State of Arizona, in accordance with the Limited Liability Company Act, on the following terms:

1. Name, address, and business. The name and principal place of business of the Company shall be:

Name: TOMMY'S BCH, L.L.C.

DBA: O'SHAYS PUB & GRILL

Address: 20800 N. JOHN WAYNE PKWY STE 101
MARICOPA, ARIZONA 85239

The Company is formed for the purpose of operating a BAR/RESTAURANT.

2. Company Shares. "RS" shall hold 50% (FIFTY PERCENT) shares in TOMMY'S BCH, L.L.C and "JS" shall hold 50% (FIFTY PERCENT) shares in TOMMY'S BCH, L.L.C.
3. Contributions and Assessments In the event any Member from time to time determines that the Company needs additional funds to satisfy Company obligations or for proper Company purposes (a "Necessary Funding"), that Member shall notify the other Members of the amount and timing of the Necessary Funding (a "Funding Notice"). In the event and to the extent any Member does not then fund his share of the Necessary Funding to the Company on or before the date specified, the remaining Members shall each have the right to fund such shortfall as a loan (a "Shortfall Loan") to the Company. Shortfall Loans shall bear interest at ten (10%) per annum, and be payable (with payments applied first to accrued interest and then to reduction of principal), on the date described therein, but in any event not later than the first to occur of dissolution of the Company (including receipt of all proceeds therefrom).
4. Distribution. All cash of the Company shall be distributed at such times and in such amounts as determined by the Manager in the following priorities:
- To pay current Company expenses, including establishment of reserves for Company matters;
 - To repay loans by Members to the Company with Shortfall Loans to be paid first; and
 - To the Members, prorate per their respective Shares.
5. Records and Activities The Company's fiscal year end shall be a calendar year end. The Company shall keep appropriate books and records, open to inspection by the Members. The Company shall timely file all required tax returns, and provide Company K-1 or similar tax statements to the Members within ninety (90) days following the end of each fiscal year.

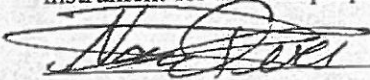
6. Termination. The Company continues indefinitely, unless terminated by the consent of all Members or a Termination Event shall occur under the provisions of applicable Arizona Law. Neither the substitution of any Member nor the transfer of any Share shall cause a termination of the Company.
7. Company Activities. Any Member may engage in any other business venture of any nature, with this Agreement not to grant either the Company or any of the Members any right in any such other venture. Each Member agrees to execute such further documents and perform such further acts as shall be required to carry out the intent and purpose of the Agreement.
8. Notices All notices pursuant to this Agreement shall be given to the Members at the addresses set forth in the preamble to this Agreement and shall be deemed given upon personal delivery, two (2) business days following deposit in the United States Mail, certified return receipt requested, or upon actual receipt if given in any other manner.
9. Miscellaneous. This Agreement: (a) shall be interpreted under the laws of the State of Arizona; (b) shall be binding upon and inure to the benefit of the successors and assigns of the parties hereto (provided, that any transfer of any interest in this Company shall require consent of all Members; (c) shall be amended only by written instrument executed by all Members pursuant to this Agreement may be executed in counterparts, all of which shall constitute one and the same document.

IN WITNESS WHEREOF, this Agreement has been executed by and on behalf of each of the Members above named effective as of the day and year first set forth above.

State of Arizona)
)ss
 County of Maricopa)

On the 1st day of May, 2015, before me, the undersigned Notary Public, personally appeared

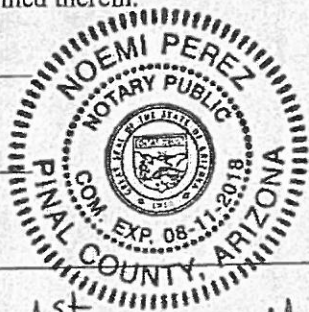
Ralph Skrzypczak and John Skrzypczak that they being duly authorized to do so, executed the foregoing instrument for the sole purpose contained therein.



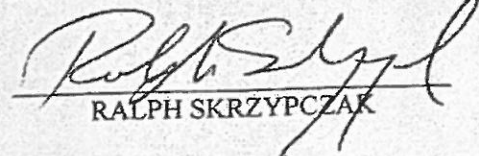
Notary Public

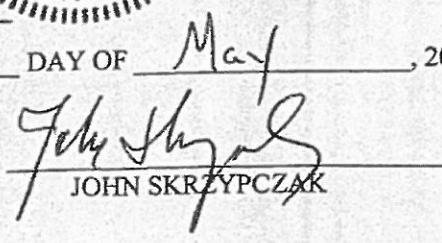
08-11-2018

My Commission Expires



DATED AND ACCEPTED THIS 1st DAY OF May, 2015


 RALPH SKRZYPCZAK


 JOHN SKRZYPCZAK

15 MAY 8 19P. LIC. PM 1 08