

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

713 JUL 11 Lic. Lic. #1027

amended

APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

Check
Appropriate
Box

Agent Change
Complete Sections 1,2,3,4,6
(See Note 1 on back)

Acquisition of Control
Complete Sections 1,2, (3,4 if changing Agent), 6

Restructure
Complete Sections 1,2,(3,4 if changing Agent), 5,6
(See Note 2 on back)

SECTION 1 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

1. Name (INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER)

MEYER <small>Last</small>	RONALD <small>First</small>	GLENN <small>Middle</small>	Phoenix 0604006 <small>Liquor License #</small>
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2. Corporation L.L.C. N/A: JAKE'S CORNER BAR, LLC (Exactly as it appears on Articles of Inc. or Articles of Org.) Corp. File #: L1622280-6
3. Business Name: JAKE'S CORNER BAR B1007636
4. Business Address: 57564 N. SR188 SENATOR HARDY HWY PAWSON GILA 85541
(Do not use P.O. Box Number) City COUNTY Zip
5. Is the business located within the incorporated limits of the above city or town? Yes No
6. Mailing Address: 57564 N. SR188 SENATOR HARDY HWY PAWSON, AZ 85541
City State Zip
7. Business Phone: (928) 474-0679 Residence Phone: (602) 677-8538
8. Does this transaction involve the sale of any portion of the corporate stock? YES NO N/A If yes, submit a certified copy of minutes.
9. Has there been any change of officers? YES NO N/A If yes, submit a certified copy of minutes.

SECTION 2 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each person listed in Section II must submit a personal questionnaire (Form LIC0101) and a Department approved fingerprint card which may be obtained at the Dept. A person appearing in both lists need only submit one questionnaire and fingerprint card.

1. List individual owner or partners or all directors, officers in corp., members in LLC:

Last	First	Middle	Title	Residence Address	City State Zip
HEPPLER	ROBIN	LEE	Mgr/Mem	3635 S. Carrst	Denver, CO 80235
MEYER	RONALD	GLENN	Mgr/Mem	3338 W. Yucca	Phoenix, AZ 85029

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders or controlling members owning 10% or more of Corp/LLC:

Last	First	Middle	% Owned	Residence Address	City State Zip
HEPPLER	ROBIN	LEE	75	3635 S. Carrst	Denver, CO 80235
MEYER	RONALD	GLENN	25	3338 W. Yucca	Phoenix, AZ 85029

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

Disabled individuals requiring special accommodations please call the Department

1/7/2013

Date Received	7/11/13
CSR	DW

1. If the corporation/L.L.C. is owned by another entity, ATTACH AN OWNERSHIP AND DIRECTOR / OFFICER / MEMBER DISCLOSURE for the parent entity. Attach additional sheets as necessary in order to disclose real people.

As an Agent, will you be physically present and operating the licensed premises? YES NO

If you answered YES, you must provide proof of attendance of a Department approved Liquor Law Training Course within the last five years before your application for Agent can be submitted. If "no" a manager with approved training must be submitted.

SECTION 4 (COMPLETE THIS SECTION FOR AGENT CHANGE)

To be completed by the INDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:

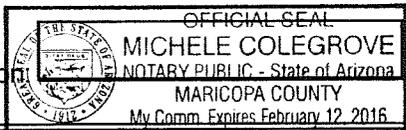
NO

1. License Number: 06040016 Heppler Date of last renewal: 6/13/2013

2. Current Licensee or Agent: Heidi Heppler | Ricki LYN. (Last First Middle)

I, Ronald Glenn Meyer, hereby consent to the agent appointment named herein and agree to immediately assign a new agent in the event of the death, resignation, or discharge of this agent. I also understand that if the background report shows that I, the corporation, or any officer, director, member, or stockholder have been convicted of a felony in the past five (5) years, I will immediately surrender the license to the Arizona Department of Liquor Licenses and Control and hereby waive all rights to appeal such action.

X [Signature] State of AZ County of Maricopa The foregoing instrument was acknowledged before me this 25 day of June 2013



[Signature] (Signature of NOTARY PUBLIC)

SECTION 5 (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.
 TRUST
 OTHER Explain

Type of new ownership:

- J.T.W.R.O.S.
 INDIVIDUAL
 PARTNERSHIP
 CORPORATION
 LIMITED LIABILITY CO.
 TRUST
 OTHER Explain

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SECTION 6 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER as listed in Question 1 Section 1:

I, Ronald Glenn Meyer, hereby declare that I am the APPLICANT filing this application.

have read the application and the contents and all statements are true, correct and complete.

[Signature] State of AZ County of Maricopa The foregoing instrument was acknowledged before me this 25 day of June 2013



[Signature] (Signature of NOTARY PUBLIC)

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 3 (COMPLETE THIS SECTION FOR AGENT CHANGE)

Amendment per C. Bejar of State Dept.

1. If the corporation/L.L.C. is owned by another entity, ATTACH AN OWNERSHIP AND DIRECTOR / OFFICER / MEMBER DISCLOSURE for the parent entity. Attach additional sheets as necessary in order to disclose real people.

As an Agent, will you be physically present and operating the licensed premises? [] YES [] NO

If you answered YES, you must provide proof of attendance of a Department approved Liquor Law Training Course within the last five years before your application for Agent can be submitted. If "no" a manager with approved training must be submitted.

SECTION 4 (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 Number: 06040016 Date of last renewal: JUNE, 2012
2. Current Licensee or Agent: HEPLER RICKIE LYN
(Exactly as it appears on license) Last First Middle

I, ROBIN LEE HEPLER, hereby consent to the agent appointment named herein and (Print full name)

agree to immediately assign a new agent in the event of the death, resignation, or discharge of this agent. I also understand that if the background report shows that I, the corporation, or any officer, director, member, or stockholder have been convicted of a felony in the past five (5) years, I will immediately surrender the license to the Arizona Department of Liquor Licenses and Control and hereby waive all rights to appeal such action.

X Robin Lee Hepler (Signature of INDIVIDUAL/ CORPORATE/CLUB OFFICER/MEMBER)

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

12th day of June, 2013 Day Month Year

My commission expires on: 02/08/2015

(Signature of NOTARY PUBLIC)

SECTION 5 (COMPLETE THIS SECTION FOR RESTRUCTURE)

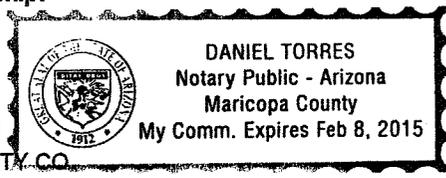
Is there more than one licensed premises involved? [] YES [] NO If yes, SEPARATE APPLICATIONS must be filed and fees paid for each license/location.

Type of current ownership:

- [] J.T.W.R.O.S.
[] INDIVIDUAL
[] PARTNERSHIP
[] CORPORATION
[] LIMITED LIABILITY CO.
[] TRUST
[] OTHER Explain

Type of new ownership:

- [] J.T.W.R.O.S.
[] INDIVIDUAL
[] PARTNERSHIP
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I, ROBIN LEE HEPLER, hereby declare that I am the APPLICANT filing this application. (Print full name)

have read the application and the contents and all statements are true, correct and complete.

X Robin Lee Hepler (Signature of INDIVIDUAL OR AGENT)

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

12th day of June, 2013 Day Month Year

My commission expires on: 02/08/2015

(Signature of NOTARY PUBLIC)

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