

**State of Arizona
Department of Liquor Licenses and Control**

Created 07/25/2024 @ 01:16:39 PM

Local Governing Body Report

LICENSE

Number:	06070139	Type:	006 BAR
Name:	BLACKSTONE COUNTRY CLUB		
State:	Pending		
Issue Date:		Expiration Date:	01/31/2025
Original Issue Date:	02/01/1982		
Location:	12101 W BLACKSTONE DRIVE PEORIA, AZ 85383 USA		
Mailing Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA		
Phone:	(623)707-8700		
Alt. Phone:	(602)200-7222		
Email:	ANDREA@LEWKLAW.COM		

Currently, this license has pending applications.

AGENT

Name:	ANDREA DAHLMAN LEWKOWITZ
Gender:	Female
Correspondence Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA
Phone:	(602)200-7222
Alt. Phone:	
Email:	ANDREA@LEWKLAW.COM

OWNER

Name: BLACKSTONE COUNTRY CLUB
Contact Name: ANDREA LEWKOWITZ
Type: CORPORATION
AZ CC File Number: 12299434 State of Incorporation: AZ
Incorporation Date: 09/20/2005
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (623)707-8700
Alt. Phone: (602)200-7222
Email: ANDREA@LEWKLAW.COM

Officers / Stockholders

Name:	Title:	% Interest:
JANIE LEE DIBBERN	Director	
LISA ANNE SWEENEY	CFO/EXEC DIRECTOR	
RICK LOUDENBACK	Director	

BLACKSTONE COUNTRY CLUB - Director

Name: JANIE LEE DIBBERN
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (847)769-4008
Alt. Phone:
Email: JLDIBBERN@GMAIL.COM

**BLACKSTONE COUNTRY CLUB - CFO/EXEC
DIRECTOR**

Name: LISA ANNE SWEENEY
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (262)352-4407
Alt. Phone:
Email: TSWEENEY1313@ICLOUD.COM

BLACKSTONE COUNTRY CLUB - Director

Name: RICK LOUDENBACK
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (720)545-8535
Alt. Phone:
Email: RICKLOUDENBACK79@OUTLOOK.COM

MANAGERS

Name: SCOTT WILSON HEIDEMAN
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (602)920-0962
Alt. Phone:
Email: SHEIDEMAN@TROON.COM

Name: PATRICK RYAN DENNEY
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (623)707-8713
Alt. Phone:
Email: PDENNEY@BLACKSTONECCAZ.COM

APPLICATION INFORMATION

Application Number: 300048
Application Type: Location / Owner Transfer
Created Date: 06/24/2024

QUESTIONS & ANSWERS

006 Bar

- 1) Are you applying for an Interim Permit (INP)?
No
- 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
- 10) Provide name, address, and distance of nearest school. (If less than one (1) mile note footage)
1700 FEET | LAKE PLEASANT ELEMENTARY SCHOOL
31501 N WESTLAND RD, PEORIA, AZ 85383
- 11) Are you one of the following? Please indicate below,
Property Tenant
Sub-tenant
Property Owner
Property Purchaser
Property Management Company
OWNER

- 12) Is there a penalty if lease is not fulfilled?
No
- 13) What is the total money borrowed for the business not including the lease?
Please list lenders/people owed money for the business.
\$0.00
- 14) Is there a drive through window on the premises?
No
- 15) If there is a patio please indicate contiguous or non-contiguous within 30 feet.
CONTIGUOUS
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No
- 17) Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only)
\$240,000.00

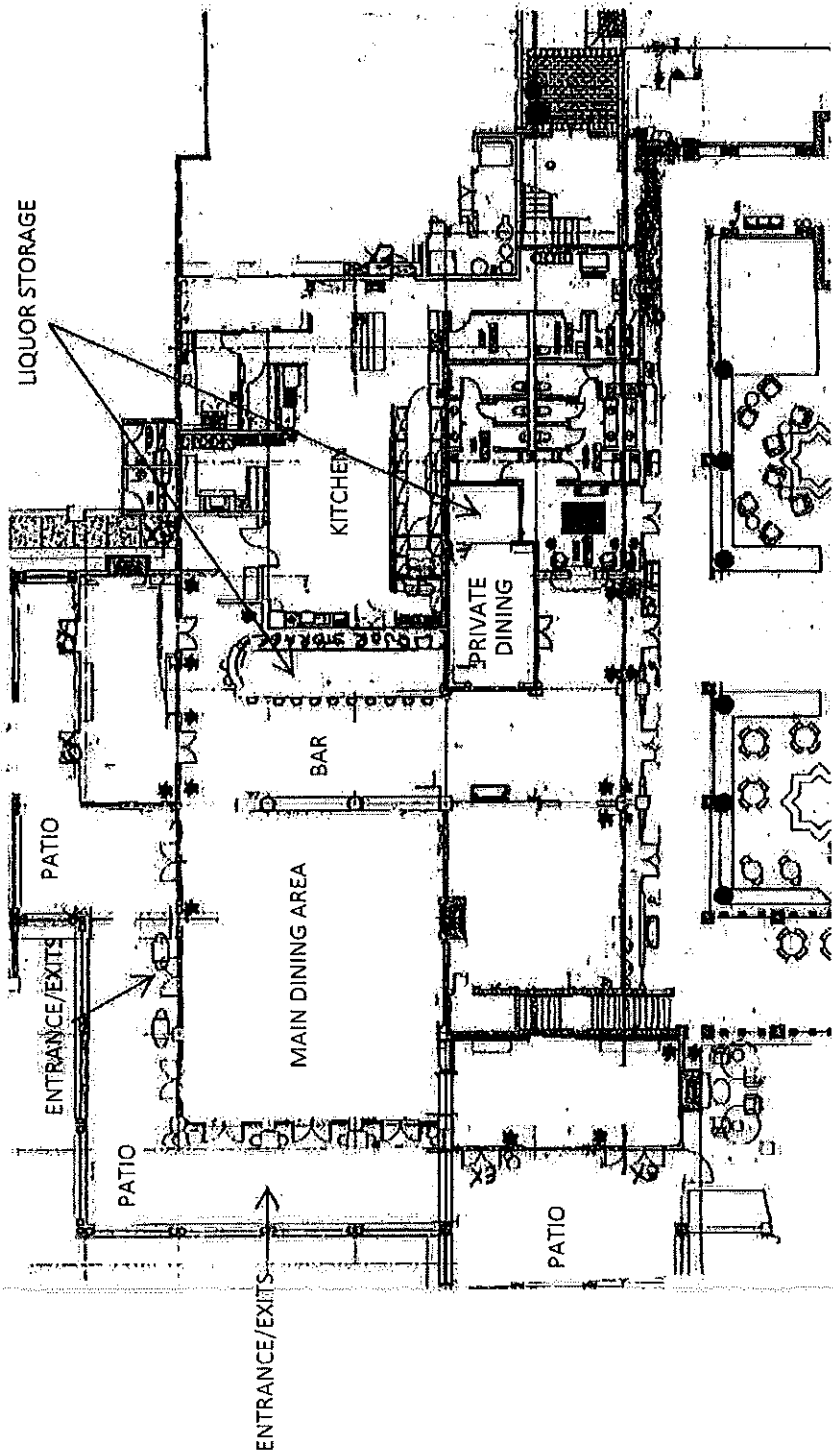
DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
ALIEN STATUS	Blackstone_Agt Ctzn Form - ADL.pdf	06/24/2024
QUESTIONNAIRE	Blackstone_Agt Q - ADL.pdf	06/24/2024
QUESTIONNAIRE	Blackstone_CP - Janie Dibbern.pdf	06/24/2024
QUESTIONNAIRE	Blackstone_CP - Lisa Sweeney.pdf	06/24/2024
QUESTIONNAIRE	Blackstone_CP - Rick Loudenback.pdf	06/24/2024
QUESTIONNAIRE	Blackstone_Mgr Q - Patrick Denney.pdf	06/24/2024
BILL OF SALE	Blackstone_Sect 6 + BOS.pdf	06/24/2024
ORGANIZATIONAL DOCUMENTS	Blackstone_List of Officers.pdf	06/24/2024
DIAGRAM/FLOOR PLAN	Blackstone_Diagram.pdf	06/24/2024

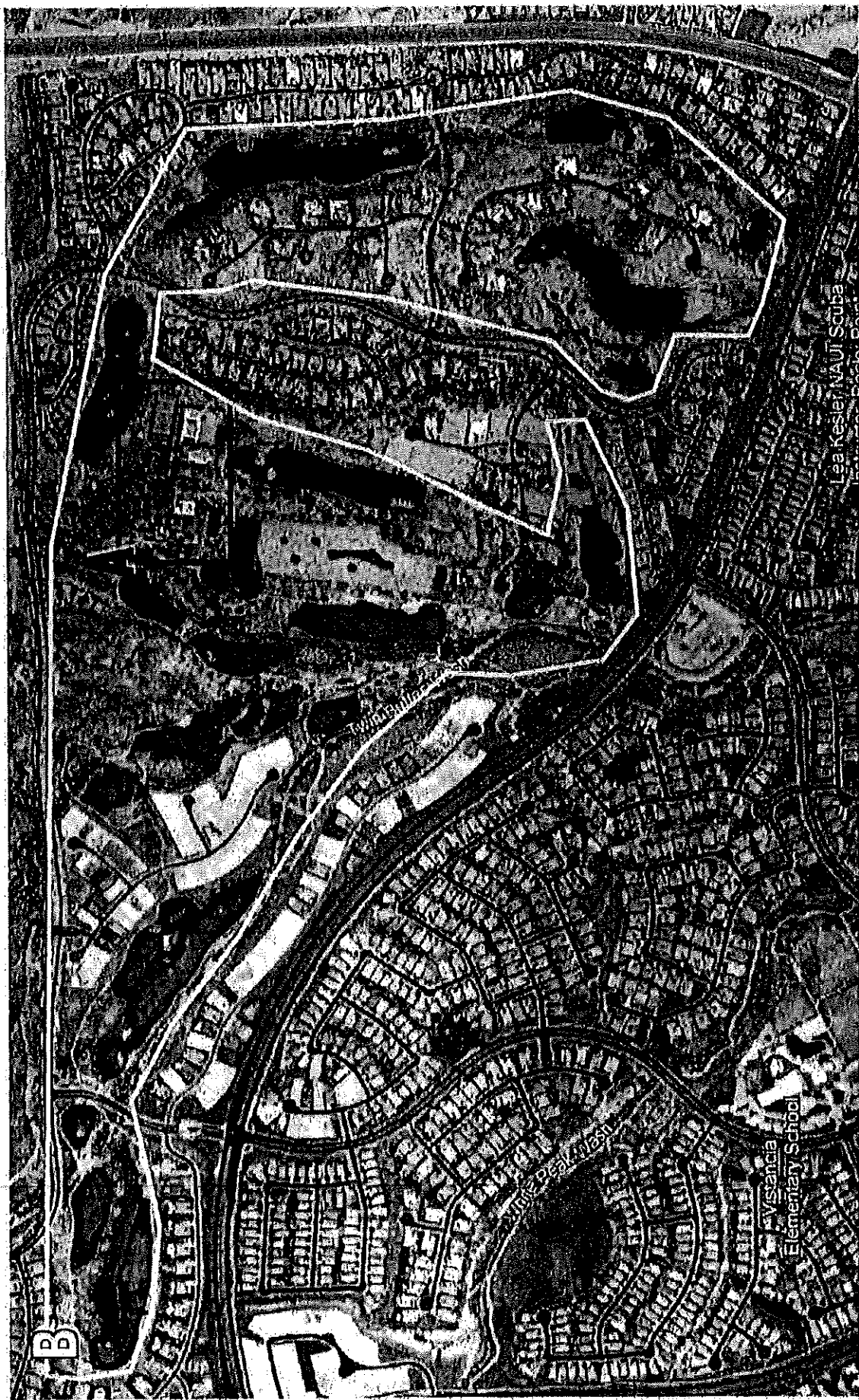
BLACKSTONE COUNTRY CLUB | OFFICERS
(nonprofit corporation)

NAME	TITLE
Rick Loudenback	<i>Director</i>
Lisa Sweeney	<i>CFO/Executive Director</i>
Janie Dibern	<i>Director</i>

BLACKSTONE COUNTRY CLUB | CLUBHOUSE (NORTH)



(SEE ATTACHED SOUTH PORTION OF CLUBHOUSE)



Lea Kessler NAUI Scuba

Vysancia Elementary School

Blackstone Country Club
12101 W Blackstone Dr.
Peoria, AZ 85383

APPROX. 115 ACRES

A — Clubhouse View

B — Golf Course & Practice Facility



24 5 27 11:41 AM 8/42

Blackstone Country Club
12101 W Blackstone Dr.
Peoria, AZ 85383

- A—Main Clubhouse (Main Dining Room, Cantina Bar, Locker Rooms) *SEE ATTACHED*
- B—Main Event Lawn (Outdoor Dining & Events)
- C—Bocce Courts & Event Lawn (Outdoor Dining & Events)
- D—Pool Areas (A la carte dining & delivery)
- E—Tennis & Pickleball (A la carte dining & delivery, events)

SECTION 6 Person to Person Transfer ARS§4-203(C), (D), (G)
(Current license Information)

- 1. License #: 06070139
- 2. Current Agent Name / Individual Name: LEWKOWITZ ANDREA DAHLMAN
Last First Middle
- 3. Current Ownership Name (Legal Entity): HARKINS CHANDLER CROSSROADS LLC
(Exactly as it appears on the license)
- 4. Premises Name: HARKINS THEATER AT CHANDLER CROSSROADS
(Exactly as it appears on the license)
- 5. Premises Location Address: 2980 E GERMANN ROAD CHANDLER AZ MARICOPA 85296
Street City State County Zip
- 6. Does current licensee in [REDACTED] business while this application is pending? Yes No
- 7. I, (Signature): [REDACTED] authorize the transfer of this license to the applicant,
(Printed name on the license certificate)

SECTION 7 Location Transfer- Current Licensee Information ARS§4-203(C), (D), (G)

- 1. License #: 06070139
- 2. Current Business: Name: HARKINS CHANDLER CROSSROADS LLC
Address: 2980 E GERMANN ROAD, CHANDLER, AZ 85296
(Exactly as it appears on license)
- 3. New Business: Name: BLACKSTONE COUNTRY CLUB
Address: 12101 W BLACKSTONE DRIVE, PEORIA, AZ 85383

SECTION 8 Proximity to School

A.R.S. §4-207 States 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 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:

- Series 01 Producer
- Series 03 Microbrewery
- Series 04 Wholesaler/Distributor
- Series 05 Government license
- Playing area of a golf course
- Series 11 Hotel/motel license
- Series 12 Restaurants that do not sell growlers
- Series 13 Farm Winery
- Series 18 Craft Distillery

Distance to nearest School: _____ Name of School: _____
(If less than one (1) mile, note footage)

School Address: _____

BILL OF SALE

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, **Harkins Chandler Crossroads, LLC**, an Arizona limited liability company ("Seller"), hereby sells, grants, and transfers to **Blackstone Country Club**, an Arizona corporation ("Buyer"), all right, title, and interest in and to Arizona Liquor License no. 06070139 (the "License").

Seller warrants it is the lawful owner of the License, the License is free and clear of all taxes, liens, encumbrances, and claims except for inactive fees which shall be due and payable to the Arizona Dept. of Liquor Licenses & Control when the License is issued and activated by Buyer, and the undersigned is authorized to execute all documents necessary to effect the sale of the License on behalf of Seller.

This Bill of Sale shall be binding upon Seller, its successor and assigns, and shall inure to the benefit of Buyer, its successors, and assigns.

Harkins Chandler Crossroads, LLC,
an Arizona limited liability company,
By: **Harkins Administrative Services, Inc.**,
An Arizona corporation, its manager

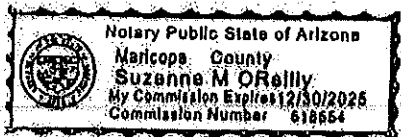
By _____
Its President and CEO

STATE OF Arizona)
County of Maricopa)

SUBSCRIBED AND SWORN to before me this 21st day of June, 2024,
by Mike Bowers

My Commission Expires: 12/30/2025

Notary Public



CSR:
Amount:

24 6 27 Lic. Dept AZ 8:43



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY
Job #: 300048
Date Accepted: 07-25-2024
CSR: [REDACTED]

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

Type or Print with Black Ink

fp current

08-29-2023

License Number: 06070139

ATTENTION APPLICANT: This is a legally binding document. 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 will be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Check the Appropriate Box →

Agent Controlling Person

2. Name: LEWKOWITZ ANDREA DAHLMAN Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Drivers License #: [REDACTED] State Issued: [REDACTED]

4. Place of birth: [REDACTED] Height: [REDACTED] Weight: [REDACTED] Eyes: [REDACTED] Hair: [REDACTED]
City State COUNTRY

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

6. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? 04 1961

7. Daytime telephone number: (602) 200-7222 Email address: ANDREA@LEWKLAW.COM

8. Premises Name: BLACKSTONE COUNTRY CLUB Business Phone: 623 / 707 / 8700

9. Premises Address: 12101 W BLACKSTONE DRIVE PEORIA AZ MARICOPA 85383
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 place of residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS <small>(Street Address, City, State & Zip)</small>
01/2004	CURRENT	ATTORNEY	LEWKOWITZ LAW OFFICE PLC 2600 N. CENTRAL AVE. STE. 1775 PHOENIX, AZ 85004

(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	City	State	Zip

(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 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 summons 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

I, (Print Full Name) ANDREA DAHLMAN LEWKOWITZ, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements I have provided are true and correct to the best of my knowledge.

Signature: _____ Date: 06/20/2024

LC:
Amount:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY
Job #: 300048
Date Accepted: 07-25-2024
CS# [REDACTED]

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

Type or Print with Black Ink

805-516

License Number: 06070139

ATTENTION APPLICANT: This is a legally binding document. 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 will be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Check the Appropriate Box → Agent Controlling Person

2. Name: DIBBERN JANIE LEE Birth Date: [REDACTED] (NOT a public record)
Last First Middle
3. Social Security #: [REDACTED] Drivers License #: [REDACTED] State Issued: [REDACTED]
4. Place of birth: [REDACTED] Height: [REDACTED] Weight: [REDACTED] Eyes: [REDACTED] Hair: [REDACTED]
City State COUNTRY
5. Name of current/most recent spouse: DIBBERN FREDERICK ROBERT Birth Date: [REDACTED] (NOT a public record)
Last First Middle
6. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? 2006
7. Daytime telephone number: 847 769 4008 Email address: JLDIBBERN@GMAIL.COM
8. Premises Name: BLACKSTONE COUNTRY CLUB Business Phone: 623 / 707 / 8700
9. Premises Address: 12101 W BLACKSTONE DRIVE PEORIA, AZ MARICOPA 85383
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 place of residence address: (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address)
02/2006	CURRENT	RETIRED	[REDACTED]
			[REDACTED]

11. Provide your residence address information for the last five (5) years A.R.S. §4-202(D) (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	To Month/Year	Street	City	State	Zip
		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 12. As an Agent or Controlling Person, will you be managing the day to day operation of 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 and Management Liquor Law Training Course within the past 3 years? MUST attach copies of both training certificates. 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 summons 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

I, (Print Full Name) JANIE L DIBBERN hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature: [REDACTED] Date: 4/23/2024

LC:
Amount:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY
Job #: 300048
Date Accepted: 07-26-2024
CSR: [Redacted]

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

Type or Print with Black Ink

A000226627
Pending

License Number: 06070139

ATTENTION APPLICANT: This is a legally binding document. 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 will be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Check the Appropriate Box → Agent Controlling Person

2. Name: SWEENEY LISA ANNE Birth Date: [Redacted]
Last First Middle (NOT a public record)

3. Social Security #: [Redacted] Drivers License #: [Redacted] State Issued: [Redacted]

4. Place of birth: [Redacted] Height: [Redacted] Weight: [Redacted] Eyes: [Redacted] Hair: [Redacted]
City State COUNTRY

5. Name of current/most recent spouse: [Redacted] Birth Date: [Redacted]
First Middle (NOT a public record)

6. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? 12-8-18

7. Daytime telephone number: 262-352-4407 Email address: TSWEENEY1313@ICLOUD.COM

8. Premises Name: BLACKSTONE COUNTRY CLUB Business Phone: 623, 707, 8700

9. Premises Address: 12101 W BLACKSTONE DRIVE PEORIA, AZ MARICOPA 85383
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 place of residence address. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
04/2001	CURRENT	CEO, EXEC. DIRECTOR	SKYGEN USA W140 N8981 Lilly Road - Menomonee Falls, WI 53092

11. Provide your residence address information for the last five (5) years A.R.S. §4-202(D) (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	To Month/Year	Street	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 12. As an Agent or Controlling Person, will you be managing the day to day operation of 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 and Management Liquor Law Training Course within the past 3 years? MUST attach copies of both training certificates. 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 summons 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

I, (Print Full Name) LISA SWEEJEY hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge.

Signature: _____ Date: 4/22/24

ARIZONA

RECEIPT

Date: 04/24/2024

Order ID: 020056771236174

Authorization #: 5528259

Please reference these numbers in any correspondence regarding your transaction



Billing Information

Lisa Sweeney



Account Information

Payment Method: VISA



Product ID	Item Description	Amount	Quantity	Gross
PSAPT001	Conduct Criminal Background Checks for Pre-Employment Screening - State & Federal Agencies	\$22.00	1	\$22.00
PSPSPCC1	Service Fees	\$0.44	1	\$0.44
			TOTAL	\$22.44

Notes:

Arizona Department of Public Safety: This is a transaction for AZDPS for A000226622

0.44

0.44

22.00

22.44

22.44

LC: _____
Amount: _____



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY
Job #: 360048
Date Accepted: 07-25-2024
CSR: [REDACTED]

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

Type or Print with Black Ink

A00022447
Cleared 5/04/2024

License Number: 06070139

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1. Check the Appropriate Box → Agent Controlling Person

2. Name: Loudenback Rick (NONE) Birth Date: [REDACTED]
3. Social Security #: [REDACTED] Drivers License #: [REDACTED] State Issued: [REDACTED]
4. Place of birth: [REDACTED] Height: [REDACTED] Weight: [REDACTED] Eyes: [REDACTED] Hair: [REDACTED]
5. Name of current/most recent spouse: [REDACTED] Date: [REDACTED]
6. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? 1-25-20
7. Daytime telephone number: 720 545 8535 Email address: Rick.Loudenback79@outlook.co
8. Premises Name: BLACKSTONE COUNTRY CLUB Business Phone: 623, 707, 8700
9. Premises Address: 12101 W BLACKSTONE DRIVE PEORIA, AZ MARICOPA 85383
Street (do not use PO Box) City State County Zip

24 6 27 139 Dept W 8 45

10. List your employment or type of business during the past five (5) years, if unemployed, retired, or student. list place of residence address. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
8-23	CURRENT	Retired	[REDACTED]
12-05	8-23	Managing Partner	Altera Investment Advisors 3 Pkwy North Deerfield, IL 60015

11. Provide your residence address information for the last five (5) years A.R.S. §4-202(D) (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	To Month/Year	Street	City	State	Zip
		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 12. As an Agent or Controlling Person, will you be managing the day to day operation of 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 and Management Liquor Law Training Course within the past 3 years? MUST attach copies of both training certificates. 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 summons 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

I, (Print Full Name) Rick Loudembach hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature: [REDACTED] Date: 5-2-24

ARIZONA

RECEIPT

Date: 05/01/2024

Order ID: 746328231366141

Authorization #: 5546535

Please reference these numbers in any correspondence regarding your transaction



Billing Information

Rick Loudenback



Account Information

Payment Method: VISA



Product ID	Item Description	Amount	Quantity	Gross
PSAPT001	Conduct Criminal Background Checks for Pre-Employment Screening - State & Federal Agencies	\$22.00	1	\$22.00
PSPSPCC1	Service Fees	\$0.44	1	\$0.44
			TOTAL	\$22.44

Notes:

Arizona Department of Public Safety: This is a transaction for AZDPS for A000224642

LC:
Amount:

24 6 27 Ligt. Dept AR 8143



PREMISES MANAGER QUESTIONNAIRE

DLLC USE ONLY
Job #: 300048
Date Accepted: 01-26-2024
CSR: [REDACTED]

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

Type or Print with Black Ink

*FP current
05/13/2024*

License Number: 06070139

ATTENTION APPLICANT: This is a legally binding document. 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 will be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Name: DENNEY PATRICK RYAN Birth Date: [REDACTED]
Last First Middle (NOT a public record)

2. Social Security #: [REDACTED] Driver's License #: [REDACTED] State Issued: [REDACTED]

3. Place of birth: [REDACTED] Height: [REDACTED] Weight: [REDACTED] Eyes: [REDACTED] Hair: [REDACTED]
City State COUNTRY

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

5. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? 11/1/2011

6. Daytime telephone number: (623) 707-8713 Email address: pdenney@blackstoneccaz.com

7. Premises Name: BLACKSTONE COUNTRY CLUB Business Phone: 623 707 8700

8. Premises Address: 12101 W BLACKSTONE DRIVE PEORIA, AZ MARICOPA 85383
Street (do not use PO Box) City State County Zip

9. List your employment or type of business during the past five (5) years, if unemployed, retired, or student, list place of residence address. (ATTACH ADDITIONAL SHEET IF NECESSARY)

24. 8. 27 Lior. Dept #18143

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
9/2018	CURRENT	GENERAL MANAGER	TROON / BLACKSTONE CC 12101 W BLACKSTONE DR., PEORIA, AZ 85383

10. Provide your residence address information for the last five (5) years A.R.S. §4-202(D)(ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	To Month/Year	Street	City	State	Zip

- 11. Have you attended a DLLC approved Basic Liquor Law Training Course within the past 3 years? Yes No
- 12. 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
- 13. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summons pending against you? (Do not include civil traffic tickets) A.R.S. §4-202,4-210 Yes No
- 14. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
- 15. 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
- 16. 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 12 through 16 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 12-16 MAY NOT BE ACCEPTED

I, (Print Full Name) PATRICK DENNEY hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature: [Redacted] Date: 5/22/2024
MANAGER

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

Print Name: ANDREA DAHLMAN LEWKOWITZ Signature: [Redacted] Date: 06 20 2024
AGENT

ARIZONA

RECEIPT

Date: 05/03/2024

Order ID: 870117278535245

Authorization #: 5551651

Please reference these numbers in any correspondence regarding your transaction



Billing Information

Patrick Denney



Account Information

Payment Method: Master Card



Product ID	Item Description	Amount	Quantity	Gross
PSAPT001	Conduct Criminal Background Checks for Pre-Employment Screening - State & Federal Agencies	\$22.00	1	\$22.00
PSPSPCC1	Service Fees	\$0.44	1	\$0.44
			TOTAL	\$22.44

Notes:

Arizona Department of Public Safety: This is a transaction for AZDPS for A000234601