November 28, 2022

MEMORANDUM TO: Honorable Mayor and City Council

THRU: Charles P. Potucek, City Manager

FROM: Jill Adams, City Clerk

SUBJECT: REQUEST FOR AGENDA ITEM PLACEMENT

Resolution 2022–079, new license, Series 3 Liquor License for Matthew Onthank Brown on behalf of the Tombstone Brewing Company, 332 N Garden Avenue,

Sierra Vista, Arizona

#### RECOMMENDATION:

The City Clerk recommends approval of this license. The City Manager recommends approval of this license.

# **INITIATED BY:**

Mr. Matthew Onthank Brown PO Box 1655 Tombstone, AZ 85638

#### BACKGROUND:

The City received an application for a new license, Series 3 Liquor License for Matthew Onthank Brown on behalf of the Tombstone Brewing Company, located at 332 N Garden Avenue, Sierra Vista, Arizona. This non-transferable liquor license allows for on and off-sale retail privileges for a licensed in-state microbrewery which produces more than 5,000 gallons, and less than 6,240,000, of beer during the 12-month reporting period (A.R.S. §205.08(B). Sales or beer produced by other microbreweries may not exceed 20 percent of the licensee's annual sales by volume on the licensed premises. With this license, when production is no more than 1,240,000 gallons per calendar year, the in-state microbrewery may make sales and deliveries of beer to any retail license licensed to sell beer except for its retail licenses on or adjacent to the microbrewery.

State law on liquor licenses requires the applicant to apply for a liquor license from the Arizona Department of Liquor License and Control. That department then sends a copy of the liquor license application to the municipality for their approval. A notice of public hearing has been posted on the premises for 20 days prior to the public hearing and to date, no responses, either in favor or against, have been received. The Police Department has performed a background investigation and has given its approval for this license to move forward.

The Council's decision concerning this liquor license application will be forwarded to the State Department of Liquor Licenses and Control, who will then issue the liquor license if no objections were received. If objections were received, that department will conduct a hearing regarding the license.

BUDGET APPROPRIATION: Not applicable.

#### **RESOLUTION 2022-079**

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, COCHISE COUNTY, ARIZONA; REAFFIRMING SETTLED POLICY BY RECOMMENDING APPROVAL OF A NEW LICENSE, SERIES 3 LIQUOR LICENSE FOR MATTHEW ONTHANK BROWN ON BEHALF OF THE TOMBSTONE BREWING COMPANY, 332 N GARDEN AVENUE, SIERRA VISTA, ARIZONA, TO THE STATE DEPARTMENT OF LIQUOR LICENSES AND CONTROL; AND AUTHORIZING AND DIRECTING THE CITY MANAGER, CITY CLERK, CITY ATTORNEY OR THEIR DULY AUTHORIZED OFFICERS AND AGENTS TO TAKE ALL STEPS NECESSARY TO CARRY OUT THE PURPOSES AND INTENT OF THIS RESOLUTION.

WHEREAS, an application for a new license, Series 3 Liquor License for Matthew Onthank Brown on behalf of the Tombstone Brewing Company, 332 N Garden Avenue, Sierra Vista, Arizona, has been filed with the Arizona Department of Liquor Licenses and Control; and

WHEREAS, Arizona Revised Statutes §4-112 requires local municipalities to grant approval or disapproval of all liquor licenses being applied for within their jurisdiction; and

WHEREAS, the application has been posted on the premises of the business for twenty (20) days as required by State law; and

WHEREAS, it is the settled policy of the City Council that liquor licenses be recommended for approval if no objections are raised.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, ARIZONA, AS FOLLOWS:

# **SECTION 1**

The City Council reaffirms its settled policy on liquor licenses within City limits.

## SECTION 2

The City Council of the City of Sierra Vista recommends approval of the application for new license, Series 3 Liquor License for Matthew Onthank Brown on behalf of the Tombstone Brewing Company, Sierra Vista, Arizona, to the State Department of Liquor Licenses and Control.

RESOLUTION 2022-079 PAGE ONE OF TWO

# SECTION 3

The City Manager, City Clerk, City Attorney, or their duly authorized officers and agents, are hereby authorized and directed to take all steps necessary to carry out the purposes and intent of this Resolution.

PASSED AND ADOPTED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, ARIZONA, THIS  $8^{\rm TH}$  DAY OF DECEMBER 2022.

	Frederick W. Mueller	_
	Mayor	
Approved as to Form:	Attest:	
Night on I Mari	III A dansa	_
Nathan J. Williams	Jill Adams	
City Attorney	City Clerk	
Prepared By:		
Jill Adams, City Clerk		

# State of Arizona Department of Liquor Licenses and Control

Created 11/08/2022 @ 03:10:36 PM

Local Governing Body Report

# LICENSE

Number:

Type:

003 IN STATE MICROBREWERY

Name:

TOMBSTONE BREWING COMPANY

State:

Pending

Issue Date:

Expiration Date:

Original Issue Date:

Location:

332 N GARDEN AVENUE SIERRA VISTA, AZ 85635

USA

Mailing Address:

PO BOX 1655

TOMBSTONE, AZ 85638

**USA** 

Phone:

(520)222-6781 (480)299-2314

Alt. Phone: Email:

MATT@TOMBSTONE.BEER

# **AGENT**

Name:

MATTHEW ONTHANK BROWN

Gender:

Male

Correspondence Address: PO BOX 1655

TO BOX 1055

TOMBSTONE, AZ 85638

USA

Phone:

(480)299-2314

Alt. Phone:

Email:

MATT@TOMBSTONE.BEER

# **OWNER**

Name:

TOMBSTONE BREWING CO LLC

Contact Name:

MATTHEW BROWN

Type:

LIMITED LIABILITY COMPANY

AZ CC File Number:

L19083783

State of Incorporation: AZ

Incorporation Date:

04/10/2014

Correspondence Address: PO BOX 1655

DO DOY 165

TOMBSTONE, AZ 85638

USA

Phone:

(480)299-2314

Alt. Phone:

Email:

MATT@TOMBSTONE.BEER

Officers / Stockholders

Page 1 of 3

Name:

MATTHEW ONTHANK BROWN

LINDSAY WILSON HALE

Title:

Stockholder

Member, Stockholder

% Interest:

70.00 18.00

# TOMBSTONE BREWING CO LLC -

Member, Stockholder

Name:

MATTHEW ONTHANK BROWN

Gender:

Male

Correspondence Address: PO BOX 1655

TOMBSTONE, AZ 85638

**USA** 

Phone:

(520)222-6781

Alt. Phone:

(480)299-2314

Email:

MATT@TOMBSTONE.BEER

# TOMBSTONE BREWING CO LLC - Stockholder

Name:

LINDSAY WILSON HALE

Gender:

Female

Correspondence Address: 1991 RED CROW ROAD

VICTOR, MT 59875

**USA** 

Phone:

(520)222-6781

Alt. Phone:

(775)338-3228

Email:

# **APPLICATION INFORMATION**

Application Number:

214250

Application Type:

New Application

Created Date:

10/20/2022

# **QUESTIONS & ANSWERS**

## 003 In State Microbrewery

Are you applying for an Interim Permit (INP)? 1)

2) Are you one of the following? Please indicate below.

Property Tenant

Subtenant

Property Owner

Property Purchaser

Property Management Company

Property Tenant

3) Is there a penalty if lease is not fulfilled?

4) Is the Business located within the incorporated limits of the city or town of which it is located?

Yes

5) What is the total money borrowed for the business not including the lease? Please list each amount owed to lenders/individuals.

\$913,500 Total

Vox Funding LLC / \$139,000 / 14 E 44th Street, 4th Fl, New York, NY 10017 Square Financial Services / \$43,000 / 3165 E Millrock Drive, Suite 160, Salt Lake City, UT 84121

US Small Business Administration / \$731,500 / P.O. Box 3918, Portland, OR 97208-3918

6) Are there walk-up or drive-through windows on the premises?

No

7) Does the establishment have a patio?

Yes

Is the patio contiguous or non-contiguous (within 30 feet)?

Contiguous

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

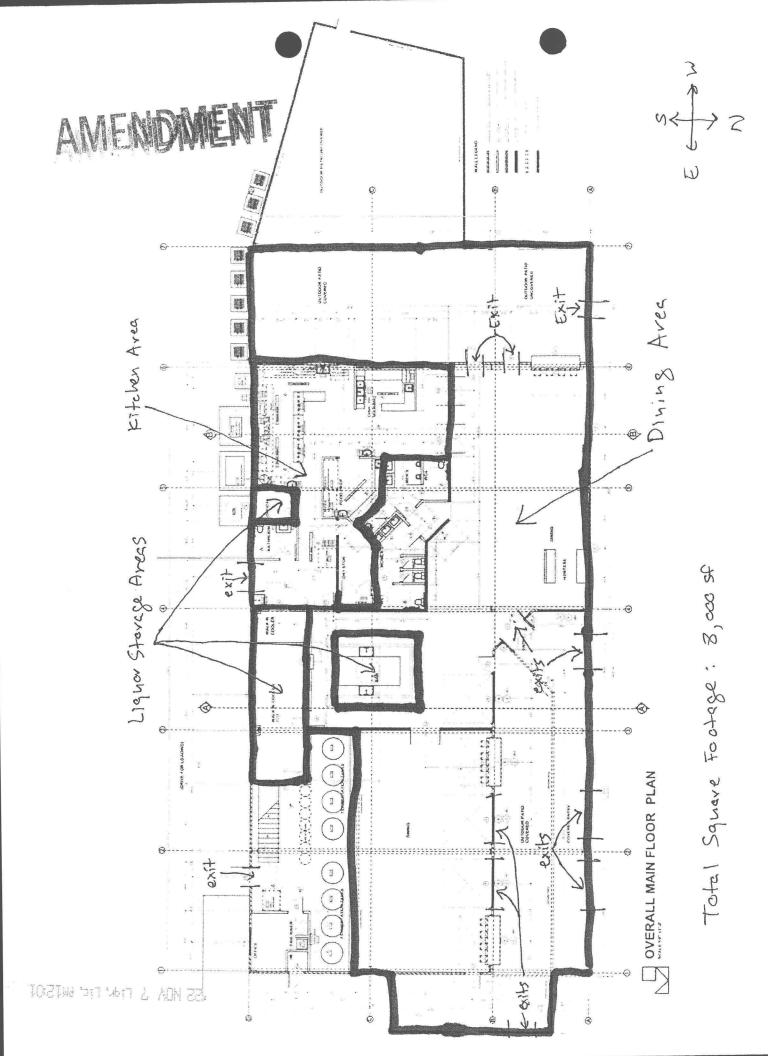
Yes

If yes, what is your estimated completion date?

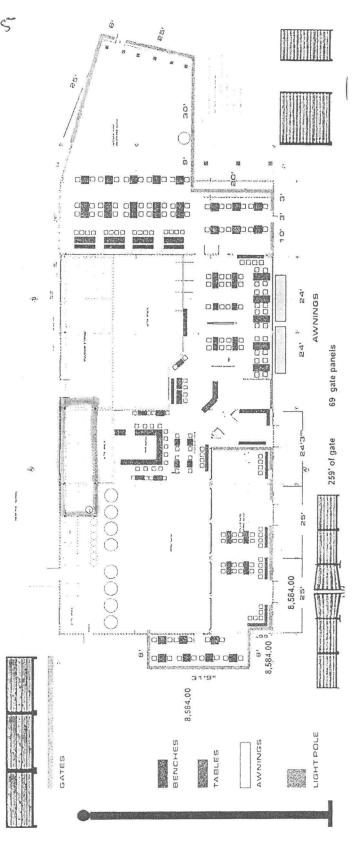
11/23/22

# **DOCUMENTS**

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
ALIEN STATUS	Matt Brown DL Back.jpg	10/20/2022
ALIEN STATUS	Matt Brown DL Front.jpg	10/20/2022
DIAGRAM/FLOOR PLAN	Seating Diagram.pdf	10/20/2022
QUESTIONNAIRE	Questionnaire.pdf	10/20/2022
	Lindsey Hale Questionnaire.pdf	11/04/2022
	Requested Diagram.pdf	11/04/2022



or Section 7 #243 (Series 3) Section 8 #3,4,5



Area where liquor sold, served, consumed, possessed, dispensed

 $0 \longleftrightarrow Z$ 

CSR:	***************************************
Amount:	·





# AGENT/CONTROLLING PERSON QUESTIONNAIRE

Job #: 214250
Date Accepted: 2002
CSR: SG

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

Type or Print with Black Ink

805-264

|--|

<u>ATTENTION APPLICANT</u>: 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.

<u>Attention local governments</u>: 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 <u>BLUE OR BLACK LINED</u> FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

	Check the Appropriate Box		☑ Agent			☐ Conf	rolling Perso	on
2. N	ame: Brown		Matthew	(	Onthank	Birth Date	e:	
	ocial Security #	last	Flist Drivers License #	#: _	Middle	State	Issued: $AZ$	
4. P	lace of birth:	exandria LA	USA	Height: 5'6	Weight:	225 Eye	Hazel es: H	oir:
5. N	lame of current/n	nost recent spouse:	Drozco	Sara	Xoc	hitl Birth D	)ati	
		e resident of Arizona?						
7. D	aytime telephone	e number: (480) 2	299-2314 <sub>Em</sub>	ail address: _	natt@to	ombst	one.be	er
		ombstone Br			Bu			
9. P	remises Address:	332 N Garder	n Ave	Sierra '	Vista .	AZ C	Cochise	85635
7.110111303 /\daio33		Street (do not u	se PO Box)	(	City	State	County	Zip

10. List your employment or	type of business during the	post-five (5)-years-if-un	employed retired,	or student, I	ist place of
residence address.	CE UCITET ST		Tana I		•

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
10/16	CURRENT	Owner, Member-Manager	Tombstone Brewing, 107 E Toughnut, Tombstone, AZ 85638
10/20	Current	Owner, Member-Manager	Helio Basin Brewing, 3935 E Thomas Rd, Phoenix, AZ 85018

# (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	Street	State		Zip	>
06/10		CURRENT	401 W Vista, Bisbee, AZ 85603				
3	3/16	6/19	512 Douglas, Bisbee, AZ 85603				
			(ATTACH ADDITIONAL SHEET IF NECESSARY)				
12.		_	on or Agent, will you be physically present and operating the you answered YES, then answer #13 below. If NO, skip to #14	Yes	<b>✓</b>	No	
13.	Have you attended a DLLC approved Basic and Management Liquor Law Training Course within the past 3 years? If yes, attach certificate(s)				<b>V</b>	No	
14.	Have you been <u>cited</u> , <u>arrested</u> , <u>indicted</u> , <u>convicted</u> , <u>or summoned</u> into court for violation of <u>ANY</u> criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?			Yes		No	7
15.	arrests	Commence of the commence of th	nistrative law citations, compliance actions or consents, criminal or summons pending against you? (Do not include civil traffic 4-210	Yes		No	<b>✓</b>
16.		nyone <u>EVER</u> ob or misrepresen	tained a judgement against you the subject of which involved tation?	Yes		No	<b>/</b>
17.			or application or license rejected, denied, revoked or suspended na within the last five years? A.R.S.§4-202(D)	Yes		No	7
18.	or lice		h you are or have been a controlling person had an application denied, revoked, or suspended in or outside of Arizona within the §4-202(D)	Yes		No	<b>√</b>
		If you answe Give	red "YES" to any Question 14 through 18 YOU MUST attach a <u>signed stroomplete details</u> including dates, agencies involved and dispositions CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED	atement s.	ļ.		

I, (Print Full Name) Matthew Onthank Brown hereby swear under pewith A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoin statements that I have made herein are true and correct to the best of my known	g and verify that the information and
and the same of th	e: 10/20/22



# **ALIEN STATUS**

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

# Type or Print with Black Ink

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					
APPLICANT NAME (Print ortype) Matthew Outlank Brown					
SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION					
Are you a citizen or national of the United States? Yes No - If <b>yes</b> , indicate place of birth:					
City Alexandria state Louislana country USA					
If you answered Yes, 1) Attach a legible copy of a document from the list below.					
2) Name of document: AZ driver's license					

If you answered No, you must complete Sections III.

722 NOV 9 Ligr. Lic, AM 9:00

# 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 Jan. 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.

# SECTION III - QUALIFIED ALIEN DECLARATION

Applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the

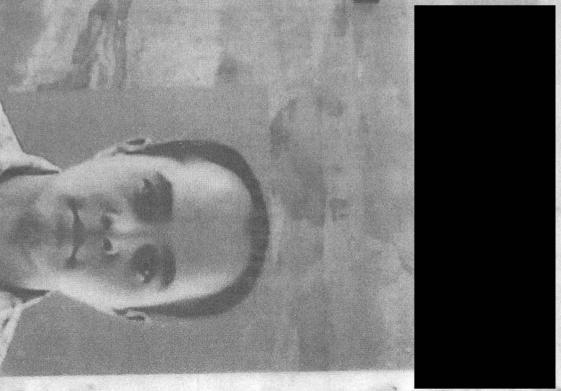
of your sta	te box. Attach a legible copy of a docur itus.	ment from the attached list or other docu	ment as evidence
	Name o	f document provided	
Qualified	Alien Status (8 U.S.C.§§ 1621(a)(1),-	-1641(b) and (c))	
	An alien lawfully admitted for perman	nent residence under the Immigration and	d Nationality Act (INA)
	2. An alien who is granted asylum unde	r Section 208 of the INA.	
	3. A refugee admitted to the United Sta	ates under Section 207 of the INA.	
	4 An alien paroled into the United Sta	ites for <u>at least one year</u> under Section 212	2(d)(5) of the INA.
	5. An alien whose deportation is being v	withheld under Section 243(h) of the INA.	2
	6. An alien granted conditional entry un	der Section 203(a)(7) of the INA as in effec	ct prior to April 1, 1980.
	. An alien who is a Cuban/Haitian entra	ant.	
	8. An alien who has, or whose child or c	child's parent is a "battered alien" or an ali	en subject to extreme
	cruelty in the United States		
Nonimmi	grant Status (8 U.S.C. § 1621(a)(2))		
9.		and Nationality Act [8 U.S.C § 1101 et seq for a specific purpose. See 8 U.S.C § 1101	
Alien Para	oled into the United States for Less TI	han One Year (8 U.S.C. § 1621(a)(3))	
10.	An alien paroled into the United States for	or <u>less than one year</u> under Section 212(d	)(5) of the INA
Other Per	sons (8 U.S.C § 1621(c)(2)(A) and (C		
11.	A nonimmigrant whose visa for entry is re	elated to employment in the United State:	s, or
12.	approved in Public Law 99-239 or 99-658	if section 141 of the applicable compo 8 (or a successor provision) is in effect [Fr nds, Republic of Palau and the Federate S	eely Associated States
13.	A foreign national not physically present	t in the United States.	
14.	Otherwise Lawfully Present		
15.	A person not described in categories 1-1	13 who is otherwise lawfully present in the	United States.
PLEASE NOT	E: The federal Personal Responsibility and W into this category ineligible for licensure.	Ork Opportunity Reconciliation Act may mo See 8 U.S.C. §	ake persons who fall
1 1			11/2/20
Matil	Print Name	Signature	11/8/2-7 Date

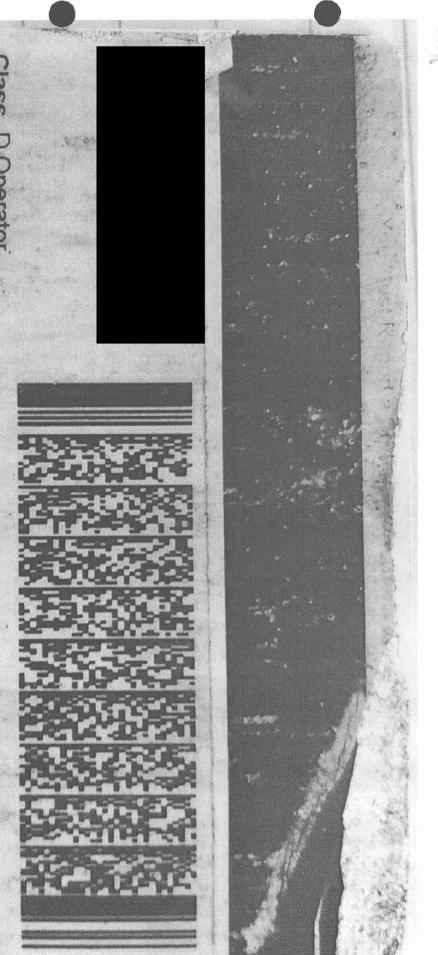
# ARIZONA Driver License

818 W DIAMOND DR MATTHEW ONTHANK BROW EMPE AZ 85283-356

Class D Sex M Eyes HAZ Height 5-06 Hair BR Weight 166







Class D Operator

Endorsements M Motorcycle

Restrictions NONE



Alizona Department of Liquor Licenses and Control

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

722 NOV 7 Light Lie PM1201

214251

805-264

### QUESTIONNAIRE

A.R.S.§4-202, 4-210 Type or Print with <u>Black</u> Ink

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

<u>ATTENTION APPLICANT</u>: This is a legally binding document. Please type or print in <u>black ink</u>. 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 <u>BLUE OR BLACK LINED</u> FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

. Check the			Liq	uor License#:	011	700
Appropriate Box	Controlling P	erson 🔲	Agent	(comp	Premises Man	
2. Name:	-IALE	LIN dist	49 6	VIJSON Middle	Birth Da	te
3. Social Security #;	4	Driver Lice	ense#:		_State:	A2
4. Place of birth:	anta RitaM.	COUNTRY (not cou	Height:	74 Weight	: 195 Eyes:	Blue Hair: / Sen
5. Name of current/	'most recent spouse: 4	14/e	JANE	He C	7 Birth Do	ite:
6. Are you a bona f	ide resident of Arizona?	Yes Wo	If yes, what is	your date of resi	dency:	
7. Daytime telephor	ne number: 7753;	383778	E-mail addr	ess: 6422	halear	totural con
8. Business Name: _	1Bm65 TOLL	C, BRO	wing	Canflory	_ Business Phone	400 299 2314
9. Business Location		ot use PO Box)	PNAVE	City State	TA AZ (A)	MBE 85635
FROM Month/Year Mont	ment or type of business of to DESCRIBE POSI	during the past	five (5) years.	EMPLOYERS	retired, or student NAME OR NAME OF BI Address, City, State & 7 ALS PLAT	ISINESS

(ATTACH ADDITIONAL SHEET IF NECESSARY)

1. Provide you	r residence a	ddress information for the last five (5) years: A.R.S. §4-202(D) = 22 NOV 7 Ligr, Lic.	PMIZVI	
FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address		
1/1997	CURRENT	774 Mays BWA, #H. CASSON (its. NA)		
		1 3970	31	
		,		
		(ATTACH ADDITIONAL SHEET IF NECESSARY)		
		r Agent, will you be physically present and operating the licensed premises? a answer #13 below. If NO, skip to #14.	☐Yes <b>X</b> No	
3. Have you a years?	ttended a DLI	LC approved Basic & Management Liquor Law Training Course within the past 3	<b>⊠</b> Yes <b>N</b> O	
4. Have you b law or ordin	een <u>cited, arr</u> ance, regard	ested, indicted, convicted, or summoned into court for violation of <u>ANY</u> criminal less of the disposition, even if dismissed or expunged, within the past five (5) years?	☐Yes ☐No	
		tive law citations, compliance actions or consents, criminal arrests, indictments or inst you? (Do not include civil traffic tickets.) A.R.S.§4-202,4-210	☐Yes ZNo	
6. Has anyone	E <u>EVER</u> obtaine	ed a judgement against you the subject of which involved <u>fraud or misrepresentation</u>	? Tyes No	
		oplication or license rejected, denied, revoked or suspended in or outside of Arizona A.R.S.§4-202(D)	□Yes ☑ 4	
8. Has an ent denied, re	ity in which yo voked or susp	ou are or have been a controlling person had an application or license rejected, ended in or outside of Arizona within the last five years? A.R.S.§4-202(D)	□Yes 🗖 No	
		wered " <u>YES</u> " to any Question 14 through 18 <u>YOU MUST</u> attach a <u>signed statement</u> .  ive complete details including dates, agencies involved and dispositions.  CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED		
I (Print Full Name) Links Am Wilson Horeby 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 knewledge.				
Signature;	M.	State of ARIZONA County of COCHIS  The foregoing instrument was acknowledged before		
My Commi	Notary	PHORA V. YANEZ Public, State of Alezona Cochise County Commission # 586075	Year	
	My	Commission Expires June 14, 2023 Signature of Notary		
The Lice	nsee has aut	horized the person named on this questionnaire to act as manager for the above	License.	
PRINT NAME: 4	LINKISA	Ay WILSON HALE SIGNATURE:		
			\	