



16 OCT 27 147. LIA. #1025

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

Application for Liquor License
Type or Print with Black Ink

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE
A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

SECTION 1 This application is for a:

- ☒ Interim Permit (Complete Section 5) *An*
☒ New License (Complete Sections 2, 3, 4, 13, 14, 15, 16)
☐ Person Transfer (Complete Section 2, 3, 4, 12, 13, 14, 16)
☐ Location Transfer (Bars and Liquor Stores Only)
(Complete Section 2, 3, 4, 11, 13, 14, 16)
☐ Probate/ Will Assignment/ Divorce Decree
(Complete Sections 2, 3, 4, 9, 13, 14, 16)
(Fee not required)
☐ Government (Complete Sections 2, 3, 4, 10, 13, 16)
☐ Seasonal

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)
☐ Tribe (Complete Section 6)
☐ Other (Explain) _____

SECTION 3 Type of license

1. Type of License: 12 Restaurant LICENSE # 12113277

SECTION 4 Applicants

1. Individual Owner/Agent's Name: Nguyen Andy An
Last First Middle
2. Owner Name: Andy Nguyen
(Ownership name for type of ownership checked on section 2)
3. Business Name: Mongolian Grill B1046157
(Exactly as it appears on the exterior of premises)
4. Business Location Address: 300 S. Phelps Dr. Apache Junction AZ 85120 Pinal
(Do not use PO Box) Street City State Zip Code County
5. Mailing Address: 300 S. Phelps Dr Apache Junction AZ 85120
(All correspondence will be mailed to this address) Street City State Zip Code
6. Business Phone: 480 288 8315 Daytime Contact Phone: (605) 484 2441
7. Email Address: andyjobs2015@gmail.com

8. Is the Business located within the incorporated limits of the above city or town? ☒ Yes ☐ No

9. 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? ☐ Yes ☒ No

If yes, what City, Town or Tribal Reservation is this Business located in: _____

10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ _____

Fees: <u>\$100</u>	Department Use Only	<u>\$35</u>	<u>\$185.00</u>
Application	Interim Permit	Site Inspection	Finger Prints
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Accepted by: <u>C-A.</u> Date: <u>10/27/16</u> License # <u>12113277</u>			

SECTION 5 Interim Permit

- If you intend to operate business when your application is pending you will need an interim permit pursuant to ARS § 4-203.01
- There **MUST** be a valid license of the same type you are applying for currently issued to the location or for the replacement of a Hotel/Motel license with a Restaurant license pursuant to A.R.S. § 4-203.01.

1. Enter license number currently at the location: 12113201

2. Is the license currently in use? ☐ Yes ☒ No If no, how long has it been out of use? _____

Attach a copy of the license currently issued at this location to this application.

I, Ng (Print Full Name) declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.

X see attached (Signature of CURRENT Individual Owner/Agent) State of Y900 County of CHIT

My commission expires on: 031300 Day of 10 Month of 10 Year

Signature of NOTARY PUBLIC

SECTION 6 Individual, Partnership, J.T.W.R.O.S, Trust, Tribe Ownerships

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

Individual

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
Nguyen	Andy	An	100	300 S. Phelps Dr.	Apache Junction	AZ	85120

Is any person other than above, going to share in profit/losses of the business? ☐ Yes ☒ No

If Yes, give name, current address, and telephone number of person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City	State	Zip Code	Phone #

Partnership

Name of Partnership: _____

General-Limited	Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								

J.T.W.R.O.S (Joint Tenant with Rights of Survivorship)

Name of J.T.W.R.O.S: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

SECTION 6 - continued

TRUST

Name of Trust: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

TRIBE

Name of Tribal Ownership: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

SECTION 7 Corporations/ Limited Liability Co

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

☐ Corporation Complete Questions 1, 2, 3, 4, 5, 6, and 7

☐ L.L.C. Complete Questions 1, 2, 3, 4, 5, 6, and 7

1. Name of Corporation/ L.L.C.: _____

2. Date Incorporated/Organized: _____ State where Incorporated/Organized: _____

3. AZ Corporation or AZ L.L.C File No: _____ Date authorized to do Business in AZ: _____

4. Is Corp/L.L.C. Non Profit? ☐ Yes ☐ No

5. List Directors, Officers, Members in Corporation/L.L.C:

Last	First	Middle	Title	Mailing Address	City	State	Zip Code

(Attach additional sheet if necessary)

6. List all Stockholders / percentage owners who own 10% or more:

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code

(Attach additional sheet if necessary)

7. If the corporation/ L.L.C are owned by another entity, attach an Organizational **FLOWCHART** showing the structure of the ownership. Attach additional sheets as needed in order to disclose the Officers, Directors, Members, Managers, Partners, Stockholders and percentage owners of those entities.

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD

- | Last | First | Middle | Mailing Address | City | State | Zip Code |
|------|-------|--------|-----------------|------|-------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

page 4 of 9
Individuals requiring ADA accommodations please call (602)542-9027

SECTION 12 Person to Person Transfer

Questions to be completed by Current Licensee (Bar and Liquor Stores Only- Series, 06, 07, and 09)

1. Individual Owner / Agent Name: _____ Entity: _____
Last First Middle (Individual, Agent, Etc.)

2. Ownership Name: _____
(Exactly as it appears on license)

3. Business Name: _____
(Exactly as it appears on license)

4. Business Location Address: _____
Street City State Zip

5. License Type: _____ License Number: _____

6. Current Mailing Address: _____
Street City State Zip

7. Have all creditors, lien holders, interest holders, etc. been notified? ☐ Yes ☐ No

8. Does the applicant intend to operate the business while this application is pending? ☐ Yes ☐ No

If yes, complete Section 5 (**Interim Permit**) of this application; attach fee, and current license to this application.

9. I, (Print Full Name) _____ 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, (Print Full Name) _____, declare that I am the **CURRENT OWNER, MEMBER, PARTNER STOCKHOLDER or LICENSEE** of the stated license. I have read the above Section 12 and confirm that all statements are true, correct, and complete.

NOTARY

X _____
(Signature of CURRENT Individual Owner/Agent)

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

My commission expires on: _____
Date

_____ of _____
Day Month Year

Signature of NOTARY PUBLIC

SECTION 13 Proximity to Church or School

Questions to be completed by all in-state applicants.

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) Series 12
- b) Hotel/motel license (§ 4-205.01) Series 11
- c) Microbrewery Series 3
- d) Craft Distillery Series 18

- e) Government license (§ 4-205.03) Series 5
- f) Fenced playing area of a golf course (§ 4-207(B)(5))
- g) Wholesaler Series 4
- h) Farm Winery Series 13

1. Distance to nearest School: 0 miles (?)
(If less than one (1) mile note footage)

Name of School: Apache Junction High School

Address: _____

2. Distance to nearest Church: 2 miles (?)
(If less than one (1) mile note footage)

Name of Church: Apache church

Address: _____

SECTION 14 Business Financials

1. I am the: ☐ Lessee ☐ Sub-lessee ☒ Owner ☐ Purchaser ☐ Management Company

2. If the premise is leased give lessors:

Name: _____

Address: _____
Street City State Zip

3. Monthly Rent/ Lease Rate: \$ _____

4. What is the remaining length of the lease? Yrs. _____ Months _____

5. What is the penalty if the lease is not fulfilled? \$ _____ or Other: _____

(Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ 299,000.00

Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
Nguyen	Andy		1007				
Gateway	bank		299000	6860 E. Warner Rd,	Mesa	AZ	85212

(Attach additional sheet if necessary)

7. What type of business will this license be used for (be specific)?

Sell beer only (can beer)
Restaurant

8. Has a license or a transfer license for the premises on this application been denied by the state with in the past (1) year? ☐ Yes ☒ No If yes, attach explanation.

9. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business? ☐ Yes ☒ No

10. Is the premises currently license with a liquor license? ☐ Yes ☒ No

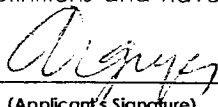
If yes, give license number and licensee's name:

License #: _____ Individual Owner /Agent Name: _____

(Exactly as it appears on license)

SECTION 15 Restaurant or hotel/motel license applicants

1. Is there an existing Restaurant or Hotel/Motel Liquor License at the proposed location? ☐ Yes ☒ No
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 provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02. (H)(2), a Restaurant is an establishment which derives at least forty (40) percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from sales of food and spirituous liquor on the licensed premises. By applying for this ☒ Restaurant ☐ Hotel/Motel, I certify that I understand that I must maintain a minimum of forty (40) percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit form with this application.


(Applicant's Signature)

5. 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.


(Applicant's Initials)

SECTION 16 Diagram of Premises

Check ALL boxes that apply to your business:

☒ Entrances/Exits

☒ Liquor storage areas

Patio: ☐ Contiguous

☐ Walk-up windows

☐ Drive-through windows

☐ Non Contiguous

1. Is your licensed premises currently closed due to construction, renovation or redesign? ☒ Yes ☐ No

If yes, what is your estimated completion date? _____

Month/Day/Year

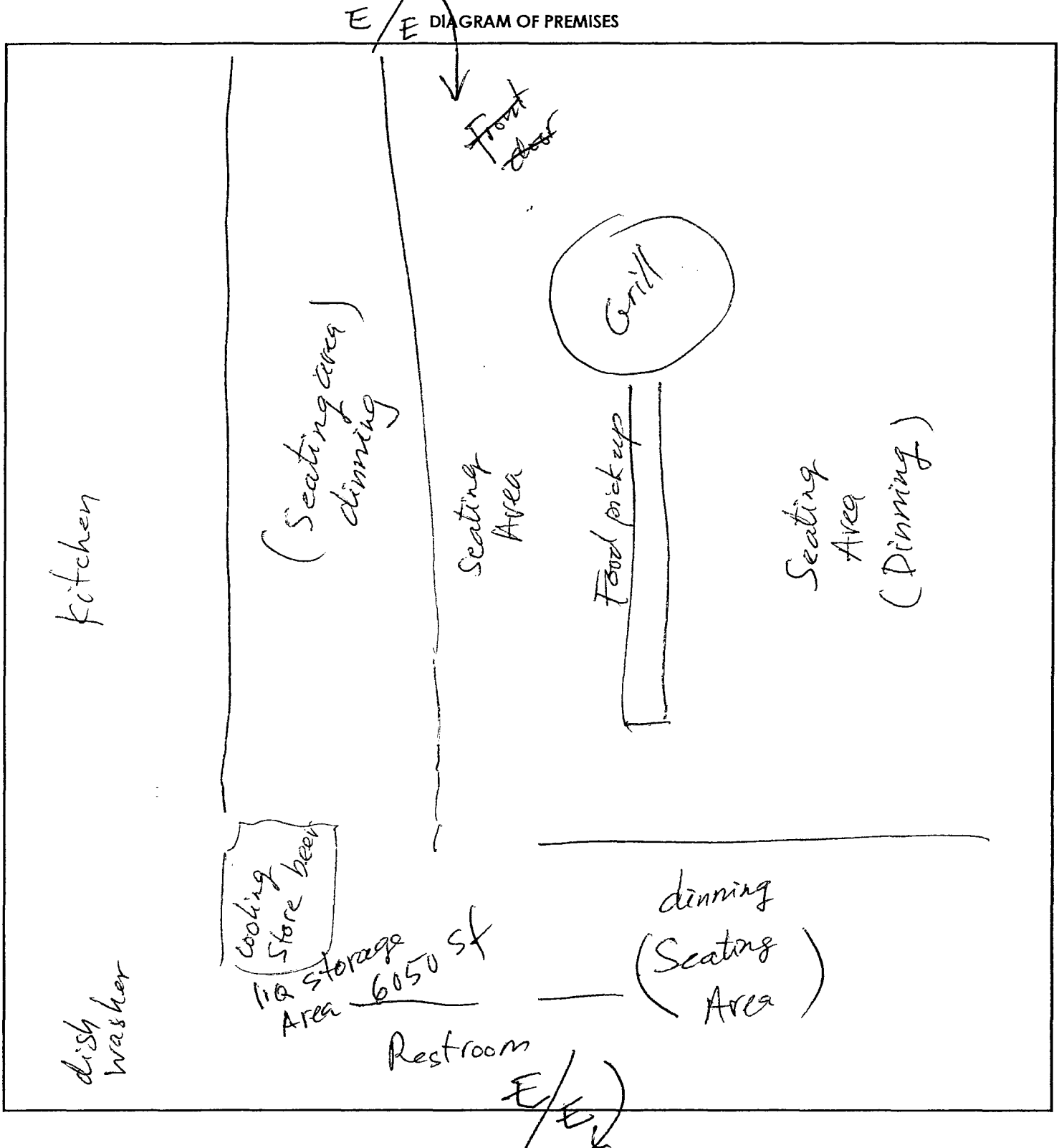
2. **Restaurants and Hotel/Motel** applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Place for diagram is on section 16 number 6.
3. The diagram (a detailed floor plan) you provide is required to 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).
4. 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.
5. 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 the boundaries, entrances, exits, added or deleted doors, windows, service windows or increase or decrease to the square footage after submitting this initial diagram.


(Applicant's Initials)

SECTION 16 Diagram of Premises – continued

6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. 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 the premises is attached to this application, please write the words "DIAGRAM ATTACHED" in the box provided for the diagram on the application.



SECTION 17 SIGNATURE BLOCK

NOTARY

I, (Print Full Name) Andy An Nguyen, hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1. I have read this application and verify all statements to be true, correct and complete.

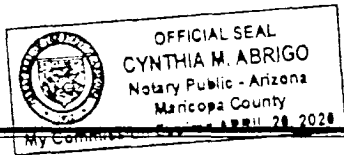
X [Signature]
(Signature of CURRENT Individual Owner/Agent)

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

My commission expires on: 4/12/2020
Date

27th of October, 2016
Day Month Year

[Signature]
Signature of NOTARY PUBLIC



A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

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16 OCT 27 11:41 AM 1025

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

RESTAURANT OPERATION PLAN

DLIC USE ONLY LICENSE #

12113277

1. Name of restaurant (Please print): Mongolian Grill
2. List by Make, Model, and Capacity of your: (If you attached a legible copy of your equipment list, only provide the following items:)

Grill	48" Mongolian Grill BBQ MGR48
Oven	None
Freezer	Walk-In Freezer McCall 10'x15'
Refrigerator	Walk-In cooler glenco 10'x15'
Sink	3 Comp. sink Gemini - stainless
Dish Washing Facilities	Yes proclean - Double rack ^{steel}
Food Preparation Counter (Dimensions)	Yes (9'x8') Steamtable prep 15'
Other	server prep area has 20' prep and 3' deep

3. Attach a copy of your full menu including prices
(examples: Breakfast, Lunch, Dinner, and Nonalcoholic beverages).
4. List the seating capacity for:
- a. Restaurant dining area of your premises:
(Do not include patio seating) [202]
- b. Bar area of your premises: [+ 0]
- c. Total dining and bar seating capacity of your premises: [= 202]
5. What Type of dinnerware and utensils are utilized within your restaurant?
☐ Reusable ☐ Disposable ☒ Both
6. Does your restaurant have a bar area that is distinct and separate from the dining area? ☐ YES ☒ No
(If yes, what percentage of the public floor space does this area cover?) _____%
7. What percentage of your public premises is used primarily for restaurant dining?
(Do not include kitchen, bar, hi-top tables, or game area.) 100 %

8. Does your restaurant contain any games, televisions, or any other entertainment? ☒ YES ☐ No
(If yes, specify what types and how many (examples: 4-TV's, 2-Pool Tables, 1-Video Game, etc.)

3 TVs

9. Do you have live entertainment or dancing? ☐ YES ☒ No
(If yes, what type and how often (example: DJ-2 x a week, Karaoke-2 x a month, Live Band-1 x a month, etc.)

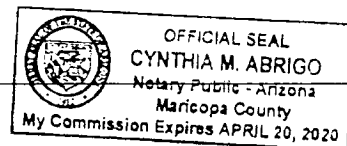
10. Use space below to list how many employees for each position to fully staff your business.

Position	How many
Cooks	<u>2</u>
Bartenders	<u>0</u>
Hostesses	<u>0</u>
Managers	<u>1</u>
Servers	<u>2</u>
Other ()	
Other ()	
Other ()	

I, Andy Nguyen, hereby declare that I am the APPLICANT filing this application.
(Print full name)

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

X Andy Nguyen
(Signature of APPLICANT)



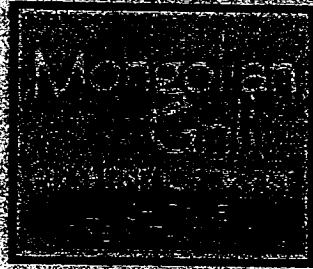
NOTARY

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 27th day of October 2016
Day Month Year

My Commission Expires on: 4/20/20
Date

Cynthia M. Abrigo
Signature of Notary Public



300 S. Phelps Drive
Apache Junction,
Arizona 85120

480-288-8315

Business Hours

Sun-Thurs. 11:00-8:30

Fri-Sat. 11:00-10:00

Lunch 11:00-4:00

Little Bowl	\$8.25
Medium Bowl	\$9.25
Large Bowl	\$10.25
All You Can Eat	\$11.25
Kid's Bowl (Under 10)	4.00

NO TO GO BOXES OR ALL YOU CAN EAT BUFFET

Dinner 4:00-10:00

Little Bowl	\$9.25
Medium Bowl	\$10.25
Large Bowl	\$11.25
All You Can Eat	\$12.25
Kid's Bowl (Under 10)	\$4.00

Appetizer

Mongolian Egg Rolls	Small	\$5.05
	Large	\$7.05

Fountain Drinks

Soda (See Back)	\$1.85
Ice Cream	\$1.50
Coffee, Hot Tea, Milk	\$1.50

To Go Box	\$0.15
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Restaurant Menu

16 OCT 27 1994, LSC, RM1025



Arizona Department of Liquor Licenses and
Control

800 W Washington 5th Floor

Phoenix, AZ 85007-2934

www.azliquor.gov

(602) 542-5141

16 OCT 27 11:47 AM 10935

RECORDS REQUIRED FOR AUDIT

Applies to Series 11 (Hotel/Motel W/Restaurant) & Series 12 (Restaurant) Only

MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH YOUR DLLC RECORDS

In the event of an audit, you will be asked to provide to the Department any documents necessary to determine compliance with A.R.S. § 4-205.02(G). Such documents requested may include however, are not limited to:

1. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
2. A list of **all** food and liquor vendors
3. The restaurant menu used during the audit period
4. A price list for alcoholic beverages during the audit period
5. Mark-up figures on food and alcoholic products during the audit period
6. A recent, **accurate** inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
7. Monthly Inventory Figures - beginning and ending figures for food and liquor
8. Chart of accounts (copy)
9. Financial Statements-Income Statements-Balance Sheets
10. General Ledger
 - A. Sales Journals/Monthly Sales Schedules
 - 1) Daily sales Reports (to include the name of each waitress/waiter, bartender, etc. with sales for that day)
 - 2) Daily Cash Register Tapes - Journal Tapes and Z-tapes
 - 3) Dated Guest Checks
 - 4) Coupons/Specials/Discounts
 - 5) Any other evidence to support income from food and liquor sales
 - B. Cash Receipts/Disbursement Journals
 - 1) Daily Bank Deposit Slips
 - 2) Bank Statements and canceled checks
11. Tax Records
 - A. Transaction Privilege Sales, Use and Severance Tax Return (copies)
 - B. Income Tax Return - city, state and federal (copies)
 - C. Any supporting books, records, schedules or documents used in preparation of tax returns
12. Payroll Records
 - A. Copies of all reports required by the State and Federal Government
 - B. Employee Log (A.R.S. § 4-119)
 - C. Employee time cards (actual document used to sign in and out each work day)
 - D. Payroll records for all employees showing hours worked each week and hourly wages

13. Off-site Catering Records (must be complete and separate from restaurant records)

- A. All documents which support the income derived from the sale of food off the license premises.
- B. All documents which support purchases made for food to be sold off the licensed premises.
- C. All coupons/specials/discounts

The sophistication of record keeping varies from establishment to establishment. Regardless of each licensee's accounting methods, the amount of gross revenue derived from the sale of food and liquor must be substantially documented.

**REVOCATION OF YOUR LIQUOR LICENSE MAY OCCUR IF YOU FAIL TO COMPLY WITH
A.R.S. §4-210(A)7 AND A.R.S. §4-205.02(G).**

A.R.S. §4-210(A)7

The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of food.

A.R.S. §4-205.02(G)

For the purpose of this section:

- 1. "Restaurant" means an establishment which derives **at least forty percent (40%)** of its gross revenue from the sale of food
- 2. "Gross revenue" means the revenue derived from all sales of food and spirituous liquor on the licensed premises, regardless of whether the sales of spirituous liquor are made under a restaurant license issued pursuant to this section or under any other license that has been issued for the premises pursuant to this article.

NOTARY

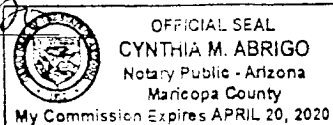
I, (Print Full Name) Andy Nguyen, have read and understand all aspects of this statement

X (Signature) Andy Nguyen
Controlling Person/Agent

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

27th of October 2016
Day Month Year

My commission expires on: 4/20/20



Cynthia M. Abrigo
Signature of NOTARY PUBLIC

MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH RECORDS REQUIRED BY THE STATE



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

*16 OCT 27 Lic. Lic. #1025

804.367

P1077109 C.A.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for the purpose of background checks only.

Attention applicant: This is a sworn document. Type or print in **black ink**. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or the subsequent revocation of a license or permit.

QUESTIONNAIRE TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE FINGERPRINTS ON FBI APPROVED CARDS (BLUE LINED) ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT OF LIQUOR CHARGES A \$3 FEE. IN ADDITION TO OTHER FINGERPRINT FEES, A \$22.00 DPS BACKGROUND CHECK FEE WILL BE CHARGED FOR EACH FINGERPRINT CARD.

The fees allowed by A.R.S. § 4-6852 will be charged for all dishonored checks.

Liquor License#:

12113277

(If the location is currently licensed)

1. Check the appropriate box



Controlling Person



Agent

(complete questions 1-19)



Manager

(complete all questions except #14, 14a & 21, Controlling Person or Agent must complete #21)

2. Name: Nguyen Andy An Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License#: D00965280 State: AZ
(NOT a public record)

4. Place of birth: Binh Dinh Vietnam Height: 5'05 Weight: 145 Eyes: Brown Hair: Black
City State COUNTRY (not county)

5. Marital status: ☐ Single ☒ Married ☐ Divorced ☐ Widowed

6. Name of current/most recent spouse: _____ Birth Date: ____/____/____
(List all for past 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? AZ If Arizona, date of residency: 2001

If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona Drivers license or voters registration card.

8. Daytime telephone number to contact you during business hours for questions: (605) 484 2441

9. E-mail address: andyjobs2015@gmail.com

10. Business Name: Mongolian Grill Business Phone: 480 288 8315

11. Business Location Address: 300 S. Phelps Dr. Apache Junction AZ Pinal 85120
Street (do not use P.O. box) City State County Zip

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

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
1/2004	CURRENT	Director/manager Restaurant Mongolian Grill	Mongolian Grill 1415 Lacrosse St #1 Rapid City, SD 57701

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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
1/2004	CURRENT	OWN	7012 E. Mikigro Cir, Mesa	Mesa	AZ	85209

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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? 12, 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 3 years? (Must provide proof) **If the answer to # 14a is "NO" course must be completed before issuance of a new 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 five (5) years? (For traffic violations, only include those that were alcohol and/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 had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state in the last 10 years?

☐ 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 you answered "YES" to any Question 15 through 19 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.

SUBSTANTIVE CHANGES TO THE APPLICATION WILL NOT BE ACCEPTED

20. I, (Print Full Name) Andy An Nguyen, hereby declare that I am a CONTROLLING PERSON / AGENT / MANAGER
filing this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature)

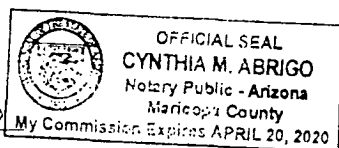
Andy An Nguyen
Controlling Person / Agent

State of

Arizona County of Maricopa
the foregoing instrument was acknowledged before me this

My commission expires on:

4/20/20



27th of October 2016
Day Month Year

Cynthia M. Abrigo
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.

(Print Name)

X (Signature)

Controlling Person / Agent

State of

County of

the foregoing instrument was acknowledged before me this

My commission expires on:

Day of Month Year

Signature of NOTARY PUBLIC



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

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

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

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

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

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

SECTION I – APPLICANT INFORMATION

INDIVIDUAL OWNER/AGENT NAME (Print or type)

An
Andy Nguyen

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States?

☒ Yes

☐ No

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

City *Binh Dinh* State (or equivalent) _____ Country or Territory *Vietnam*

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

2) Name of document: _____
Go to Section IV.

AZ driver licence

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

SECTION III – ALIEN STATUS DECLARATION

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

Name of document provided

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

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

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

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

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

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

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

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

Otherwise Lawfully Present

- ☐ 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.
PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

SECTION IV - DECLARATION

All applicants must complete this section.

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

Andy Nguyen
Individual Owner/Agent Printed Name

10/26/16
Today's Date

Andy Nguyen
Individual Owner/Agent Signature

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

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

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

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

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*16 OCT 27 119. Lic. #M10125

ARIZONA

Driver License

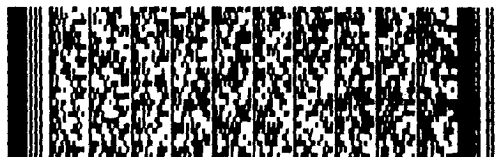
Number **D00965220**
Expires **06/03/2008**
Date of Birth **06/03/2008**
Issued **06/03/2008**



16 OCT 27 147. Lic. #1045

You Must Report a Change of Address Within 10 Days

Number D00965280
Expires [REDACTED]
Issued 06/09/2008



Class D Operator

Endorsements NONE

Restrictions A Corrective Lenses