



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

DLLC USE ONLY

|                |          |
|----------------|----------|
| License #      | 10113288 |
| Date Accepted: | 4-13-17  |
| CSR:           | AP       |

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 Type of License

- ☐ Interim Permit  
☒ New License  
☐ Person Transfer  
☐ Location Transfer (series 6, 7 and 9)  
☐ Probate/ Will Assignment/ Divorce Decree (No Fees)  
☐ Seasonal

SECTION 2 Type of Ownership

- ☐ J.T.W.R.O.S.  
☐ Individual  
☐ Partnership  
☐ Corporation  
☒ Limited Liability Co  
☐ Club  
☐ Government  
☐ Trust  
☐ Tribe  
☐ Other (Explain) \_\_\_\_\_

SECTION 3 Type of license

- ☐ Add Sampling Privilege for Series 9 and 10 only (Complete Sampling Privilege application)  
A.R.S. § 4-206.01(G), (H), (I) & (L)  
☐ Add Growler privileges (restaurant, series 12, license only. 300-foot restriction applies)  
A.R.S. § 4-207(A) & (B)

1. Type of License (restaurant, bar etc.): Series type 10 2. LICENSE # (if issued): 10113288

SECTION 4 Applicants

1. Agent's Name: Parenti Lorena Jean P1078097  
Last First Middle  
2. Applicant/Licensee Name: AC Arizona Enterprises LLC B1058629  
(Ownership name for type of ownership checked on section 1)  
3. Business Name (Doing Business As-DBA): A plus product source B1058630  
4. Business Location Address: 832 N. main dr. Apache Junction AZ 85120  
(Do not use PO Box) Street City State Zip Code County pinal  
5. Mailing Address: 832 N. main DR. Apache Junction AZ 85120  
(All correspondence will be mailed to this address) Street City State Zip Code  
6. Business Phone: (480) 288-8331 Daytime Contact Phone: (509) 216-0925 (cell)  
7. Email Address: Aplusproductsource@gmail.com

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

If you checked no, in what City, Town, County or Tribal/Indian Community is this business located? \_\_\_\_\_

|   |             |                |                     |               |   |
|---|-------------|----------------|---------------------|---------------|---|
| Fees:   | <u>100</u>  | <u>—</u>       | Department Use Only | <u>35 x 2</u> | <u>170.00</u>   |
|   | Application | Interim Permit | Site Inspection     | Finger Prints | Total of All Fees   |
| Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? |             |                |                     |               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

17 APR 13 14 PM 3 03

**SECTION 5 Background Check**

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD ALONG WITH \$22. PROCESSING FEE PER CARD.

1. If the applicant is an entity, not an individual, answer questions 1a-b.

a) Date Incorporated/Organized: 2/10/17 State where Incorporated/Organized: AZb) AZ Corporation or AZ L.L.C. File No: 21164939 Date authorized to do business in AZ 2/17/17  
L21604299 JP  
2/13/17

2. List any individual or entity that own a beneficial interest of 10 % or more and/or controls the license. If the applicant is owned by another entity, attach an organizational chart showing the ownership structure. Attach additional sheets as needed to disclose any controlling person, member, shareholder or general partner who owns a beneficial interest of 10 % or more of the license.

| Last    | First   | Middle | member JP<br>Title | %Owned | Mailing Address     | City            | State | Zip   |
|---------|---------|--------|--------------------|--------|---------------------|-----------------|-------|-------|
| Parenti | Phillip | Joseph | owner              | 50%    | 528 W. Foothill St. | Apache Junction | AZ    | 85120 |
| Parenti | Lorena  | Jean   | owner              | 50%    | 528 W. Foothill St. | Apache Junction | AZ    | 85120 |
|         |         |        | member JP          |        |                     |                 |       |       |

(Attach additional sheet if necessary)

**SECTION 6 Interim Permit**

If you intend to operate business while your application is pending you will need an interim permit pursuant to A.R.S. §4-203.01 For approval of an interim permit:

- There must be a valid license of the same series issued to the current location you are applying for OR
- A Hotel/Motel license is being replaced with a restaurant license pursuant to A.R.S. §4-203.01 (A)

1. Enter license number currently at the location: \_\_\_\_\_

2. Is the license currently in use? ☐ Yes ☐ No If no, how long has it been out of use? \_\_\_\_\_I, (Signature) Lorena J. Parenti declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.

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

**NOTARY**State of Arizona )  
County of \_\_\_\_\_ )On this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_ before me personally appeared \_\_\_\_\_  
Day Month Year (Print Name of Document Signer)

Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.

\_\_\_\_\_  
Signature of NOTARY PUBLIC

(Affix Seal Above)

**SECTION 7 Probate, Receiver, Bankruptcy Trustee, Assignment, or Divorce Decree of an existing liquor license ARS § 4-204**

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD ALONG WITH \$22. PROCESSING FEE PER CARD.

1. Current Licensee's Name: \_\_\_\_\_  
(Exactly as it appears on the license) Last First Middle2. Assignee's Name: \_\_\_\_\_  
Last First Middle

License Number: \_\_\_\_\_

ATTACH A COPY OF THE DOCUMENT THAT SPECIFICALLY ASSIGNS THE LIQUOR LICENSE TO THE ASSIGNEE.

**SECTION 8 Government (for Cities, Towns or Counties only)**

1. Government Entity: \_\_\_\_\_
2. Person/Designee: \_\_\_\_\_  
Last First Middle Daytime Contact Phone #

**A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.**

**SECTION 9** ☐ Person to Person – Current Licensee Information ARS§4-203(C), (D), (G)  
(Bar and Liquor Stores only – Series 06, 07 and 09)

1. License #: \_\_\_\_\_
2. Current Agent Name: \_\_\_\_\_  
Last First Middle
3. Current Licensee Name: \_\_\_\_\_  
(Exactly as it appears on the license)
4. Current Business Name: \_\_\_\_\_  
(Exactly as it appears on the license)
5. Current Daytime Phone: \_\_\_\_\_ Primary Email Address: \_\_\_\_\_
6. Does current licensee intend to operate the business while this application is pending? ☐ Yes ☐ No
7. I authorize the transfer of this license to the applicant: \_\_\_\_\_

Signature or Agent or Individual controlling person

**NOTARY**

State of Arizona )  
County of \_\_\_\_\_ )

On this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_ before me personally appeared \_\_\_\_\_  
Day Month Year (Print Name of Document Signer)

Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.

\_\_\_\_\_  
Signature of NOTARY PUBLIC

(Affix Seal Above)

**SECTION 10 Proximity to Church or School - Questions to be completed by 6, 7, 9, 10 and 12G 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) Restaurants that do not sell growlers (A.R.S. §4-205.02) Series 12
- b) Hotel/motel license (A.R.S. §4-205.01) Series 11
- c) Microbrewery (A.R.S. §4-205.08) Series 3
- d) Craft Distillery (A.R.S. §4-205.10) Series 18

- e) Government license (A.R.S. §4-205.03) Series 5
- f) Playing area of a golf course (A.R.S. §4-207 (B)(5))
- g) Wholesaler/Distributor Series 4
- h) Farm Winery Series 13
- i) Producer Series 1

1. Distance to nearest School: 2 miles Name of School: Four Peaks Elementary  
(If less than one (1) mile note footage) Address: 1785 N. Idaho Rd Apache Junction  
2. Distance to nearest Church: 08 miles Name of Church: First Assembly of God AZ. 85120  
(If less than one (1) mile note footage) Address: 651 N. Decillo DR. Apache Junction AZ. 85120

**SECTION 11 Business Financials A.R.S. §4-202(F)**

1. I am the:

- ☐ Tenant: a person who holds the lease of a property; a lessee.  
☐ Sub-tenant: a person who holds a lease which was given to another person (tenant) for all or part of a property.  
☒ Owner  
☐ Purchaser  
☐ Management Company

2. If the premises is leased give lessors: Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

3. What is the penalty if the lease is not fulfilled? \$ \_\_\_\_\_ or Other: \_\_\_\_\_

4. Total money borrowed for the Business not including lease? \$ 285,000.00

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

| Last         | First   | Middle | Amount Owed | Mailing Address                | City    | State | Zip   |
|--------------|---------|--------|-------------|--------------------------------|---------|-------|-------|
| Canyon State | Service | Co.    | 285,000.00  | 3333 E. Camelback Rd Suite 112 | Phoenix | AZ    | 85018 |
|              |         |        |             |                                |         |       |       |
|              |         |        |             |                                |         |       |       |

(Attach additional sheet if necessary)

5. Has a license or a transfer license for the premises on this application been denied by the state within the past year?

☐ Yes ☒ No If yes, attach explanation.

6. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business?

☐ Yes ☒ No If yes, attach explanation.

**SECTION 12 Diagram of Premises**

Check ALL boxes that apply to your business:

☐ Walk-up or drive-through windows

Patio: ☐ Contiguous

☐ Non-Contiguous within 30 feet

1. Is your licensed premises now closed due to construction, renovation or redesign or rebuild?

☐ Yes ☒ No If yes, what is your estimated completion date? \_\_\_\_/\_\_\_\_/\_\_\_\_

Please attach a diagram of the premises which clearly show only the areas where spirituous liquor will be sold, served, consumed, dispensed, possessed or stored. Include all entrances, exits, interior walls, bar areas, dining areas, dance floor, stage, game room and the kitchen. **DO NOT INCLUDE** parking lots, living quarters or areas where business is not conducted under this liquor license. When completing your premises diagram, please identify which orientation is North.

2400 Sq Ft.

Shelving

Shelving

Liquor  
Storage  
Rm

BACK  
DOOR

Shelving

Sink

Ice  
machine

Rest  
Rooms

Water Dis.

Computer

File  
Cabinet

Register

Front  
Desk

Computer

Liquor  
Coolers

Liquor  
Cooler

Pop  
Cooler

Liquor  
Cooler

Front  
Door  
E/E

2. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed areas such as parking lots, living quarters, etc.

3. 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 service areas or the square footage of the licensed premises, either by increase or decrease.

  
Applicants Initials

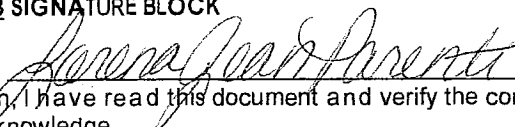
**RESTAURANTS AND HOTELS/MOTELS ONLY**

(IMPORTANT NOTE: A site inspection must be conducted prior to activation of the license. The fee of \$50.00 will be due and payable upon submitting this application.)

4a. Provide a detailed drawing of the kitchen and dining areas, including the locations of all kitchen equipment and dining furniture, these are required as part of the diagram. A.R.S. §4-205.02(C)

4b. Provide a restaurant operation plan.

**SECTION 13 SIGNATURE BLOCK**

I, (Signature) , hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

**NOTARY**

State of Arizona

County of Maricopa

On this 13<sup>th</sup> Day of April, 20 17

before me personally appeared Lorena Jean Parenti

(Print Name of Document Signer)

Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.



VENIDICT PAMA  
NOTARY PUBLIC, ARIZONA  
MARICOPA COUNTY  
My Commission Expires  
February 22, 2020



Signature of NOTARY PUBLIC

(Affix Seal Above)

**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.

17 APR 13 14:41:04



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

**QUESTIONNAIRE**  
A.R.S. § 4-202, 4-210  
Type or Print with Black Ink

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

P1078097

**Attention local governments:** Social security and birth date information is confidential. This information may be given to law enforcement agencies for 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 IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A FINGERPRINT CARD. FINGERPRINTS ON FBI APPROVED CARDS ARE ACCEPTED FROM THE DEPARTMENT OF LIQUOR, LAW ENFORCEMENT AGENCIES, OR A BONA FIDE FINGERPRINT SERVICE. FINGERPRINT FEES WILL VARY. IN ADDITION TO THE FINGERPRINT FEE OF \$13 CHARGED BY THE DEPARTMENT OF LIQUOR, A \$22.00 ARIZONA DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK FEE PER FINGERPRINT CARD WILL ALSO BE CHARGED.

Liquor License#: 10113288

(If the location is currently licensed)

1. Check the Appropriate Box

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Controlling Person<br>(complete all questions) | <input checked="" type="checkbox"/> Agent<br>(complete all questions except #12) | <input type="checkbox"/> Manager<br>(complete all questions except #12) |
|--|--|---|

2. Name: Parenti Lorena Jean Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: D07399331 State: AZ  
(NOT a public record)

4. Place of birth: Spokane WA USA Height: 5'9 Weight: 140 Eyes: GRN Hair: BLN  
City State COUNTRY (not county)

5. Name of current/most recent spouse: Parenti Phillip Joseph Birth Date: [REDACTED]  
Last First Middle Maiden (NOT a public record)

6. Are you a bona fide resident of Arizona? ☒ Yes ☐ No If yes, what is your date of residency: 2008  
A.R.S. § 4-202(A) and (C)

7. Daytime telephone number: 509-216-6925 E-mail address: Lorenagolden@AOL.com

8. Business Name: A plus product Source Business Phone: 48428818331

9. Business Location Address: 832 N. main DR. Apache Junction AZ 85120 Pinal  
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, student list residence address.

| FROM<br>Month/Year | TO<br>Month/Year | DESCRIBE POSITION OR BUSINESS | EMPLOYERS NAME OR NAME OF BUSINESS<br>(Street Address, City, State & Zip) |
|--------------------|------------------|-------------------------------|---|
| 2/13/17            | CURRENT          | owner/manager                 | A plus product Source 832 N. main DR. Apache Junction AZ 85120            |
| 11/1/11            | 12/30/16         | owner/manager                 | Amusements West 528 W. Foothill St. Apache Junction AZ 85120              |
| 12/31/16           | 2/1/17           |                               |   |
| 1/2007             | 2/2017           | unemployee                    | home-528 W. Foothill St. Apache Junction, AZ 85120                        |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. § 4-202(D)

| FROM<br>Month/Year | TO<br>Month/Year | Rent or<br>Own | RESIDENTIAL Street Address    | City            | State | Zip   |
|--------------------|------------------|----------------|-------------------------------|-----------------|-------|-------|
| 2/2014             | CURRENT          | own            | 528. W. Foothill St. A        | Apache Junction | AZ    | 85120 |
| 1/2008             | 1/2014           | Rent           | 550 W. Baseline Rd. Suite 102 | Mesa            | AZ    | 85210 |
|                    |                  |                |                               |                 |       |       |

(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 Liquor Law Training Course within the past 3 years?  
(Must provide the DLLC-approved certificate of completion issued by a course provider.) ☐ Yes ☒ No
14. 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, include only those that are alcohol and/or drug related.) A.R.S. §4-202 ☐ Yes ☒ No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses pending against you? Include only criminal traffic tickets and complaints. 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, suspended or fined in Arizona in? A.R.S. §4-202(D) ☐ Yes ☒ No

If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved and dispositions.

**CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED**

**Signature Block**

I, (Print Name) Lorena Parenti, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

SIGNATURE: Lorena Jean Parenti

**NOTARY**

State of Arizona

County of Maricopa

On this 13<sup>th</sup> Day of April, 20 17 before me personally appeared Lorena Jean Parenti  
(Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the foregoing document.



(Affix Seal Above)

NOTARY PUBLIC, ARIZONA  
MARICOPA COUNTY  
My Commission Expires  
February 22, 2020

[Signature]

Signature of NOTARY PUBLIC

**SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION**

I, (Print Full Name) \_\_\_\_\_ hereby authorize the person named on this questionnaire to act as manager for the named liquor license.

SIGNATURE: \_\_\_\_\_





State of Arizona  
Department of Liquor Licenses and Control  
800 W. Washington 5<sup>th</sup> 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)

*Jean PP*  
*Lorena J. Parenti*

**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 *Spokane* State (or equivalent) *Washington* Country or Territory *US*

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

2) Name of document: *AZ lic.*  
Go to Section IV.

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.] Non immigrants 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.

Lorena Parenti  
Individual Owner/Agent Printed Name

4-13-2017  
Today's Date

Lorena Parenti  
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.

Arizona

DRIVER LICENSE

USA



9 CLASS D  
10 END NONE  
11 REST NONE

4a DLN D07399331

3 DOB [REDACTED]

1 PARENTI  
7 LORENA JEAN

8 528 W FOOTHILL ST  
APACHE JUNCTION, AZ 85120-1634

4b EXP 10/24/2037 4a ISS 10/16/2015

16 SEX F 17 EYES GRN

18 HGT 5'-09" 19 HAIR BLN

17 WGT 140 lb

*Lorena J Parenti*

15 DD 4016MV610P0848L2



CLASS: D-Operator

ENDORSEMENTS:  
None

RESTRICTIONS:  
None

Rev 02/14/2014

You Must Report a  
Change of Address  
Within 10 Days



15289AZ0116329190301

17 APR 13 14:14 PM 304



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

**QUESTIONNAIRE**  
A.R.S. §4-202, 4-210  
Type or Print with Black Ink

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

P1078098

**Attention local governments:** Social security and birth date information is confidential. This information may be given to law enforcement agencies for 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 IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A FINGERPRINT CARD. FINGERPRINTS ON FBI APPROVED CARDS ARE ACCEPTED FROM THE DEPARTMENT OF LIQUOR, LAW ENFORCEMENT AGENCIES, OR A BONA FIDE FINGERPRINT SERVICE. FINGERPRINT FEES WILL VARY. IN ADDITION TO THE FINGERPRINT FEE OF \$13 CHARGED BY THE DEPARTMENT OF LIQUOR, A \$22.00 ARIZONA DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK FEE PER FINGERPRINT CARD WILL ALSO BE CHARGED.

Liquor License#:

10113288

(If the location is currently licensed)

1. Check the Appropriate Box →

☒ Controlling Person (complete all questions)

☐ Agent

☐ Manager

(complete all questions except #12)

2. Name: Parenti Phillip Joseph Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License#: B313806153 State: AZ  
(NOT a public record)

4. Place of birth: Cleveland Ohio US Height: 5' 08" Weight: 200 Eyes: Brown Hair: BLN  
City State COUNTRY (not county)

5. Name of current/most recent spouse: PARENTI Lorena Jean Birth Date: [REDACTED]  
Last First Middle Maiden (NOT a public record)

6. Are you a bona fide resident of Arizona? ☒ Yes ☐ No If yes, what is your date of residency: 1969  
A.R.S. §4-202(A) and (C)

7. Daytime telephone number: 928-581-7023 E-mail address: philipparenti@AOL.COM

8. Business Name: A Plus Product Source Business Phone: 480-288-8331

9. Business Location Address: 832 N. Main DR Apache Junction AZ Pinal 85120  
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, 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) |
|-----------------|---------------|-------------------------------|--|
| 2/13/17         | CURRENT       | owner/manager                 | Aplus product source/832 N. main DR Apache Junction AZ 85120           |
| 11/1/11         | 12/30/16      | owner/manager                 | Amusements West/528 West Foothill St Apache Junction 85120             |
| 1/2017          | 2/2017        | unemployed                    | home - 528 W. Foothill St Apache Junction AZ 85120                     |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. §4-202(D)

| FROM<br>Month/Year | TO<br>Month/Year | Rent or<br>Own | RESIDENTIAL Street Address   | City            | State | Zip   |
|--------------------|------------------|----------------|------------------------------|-----------------|-------|-------|
| 2/2014             | CURRENT          | OWN            | 528 W. Foorthill St. 1       | Apache Junction | AZ    | 85120 |
| 10/2008            | 1/2014           | Rent           | 550 W. Baseline Rd Suite 102 | MESA            | AZ    | 85210 |
|                    |                  |                |                              |                 |       |       |
|                    |                  |                |                              |                 |       |       |

(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 Liquor Law Training Course within the past 3 years?  
(Must provide the DLLC-approved certificate of completion issued by a course provider.) ☐ Yes ☒ No
14. 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, include only those that are alcohol and/or drug related.) A.R.S. §4-202 ☐ Yes ☒ No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or  
summonses pending against you? Include only criminal traffic tickets and complaints. 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, suspended or fined in Arizona in?  
A.R.S. §4-202(D) ☐ Yes ☒ No

If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved and dispositions.

**CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED**

**Signature Block**

Joseph

I, (Print Name) Phillip Parenti, PSP, hereby declare that I am the Owner/Agent filing this application, I  
have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

SIGNATURE:

Phillip Joseph Parenti

**NOTARY**

State of Arizona

County of Maricopa

On this 13th Day of April, 20 17 before me personally appeared Phillip Joseph Parenti  
Day Month Year (Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and  
acknowledged that he or she signed the attached document.



(Affix Seal Above)

**NOTARY PUBLIC, ARIZONA**  
**MARICOPA COUNTY**  
My Commission Expires  
February 22, 2020

[Signature]

Signature of NOTARY PUBLIC

**SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION**

I, (Print Full Name) Phillip Joseph Parenti, hereby authorize the person named on this questionnaire to act as  
manager for the named liquor license.

SIGNATURE:

Phillip Parenti